Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

V. S. No. 1

BINDING

RESERVED

MARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 6 1937	• 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12793
1. PLACE OF DEATH	129
County Trung Seo	Registration Dist, No.
Village or City Caurel Mrs	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
A-Mark Vach	
2. FULL NAME (1) Colored (2) (2) Paridages No. 3	14 St. MWW.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  /2 20 ,193 6  (Month) (Day) (Yaar)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Harry Block	22. 7 I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) May 67 1872	i last sew heat alive on 12-19- ,1936; death is said
7. AGE Years   Months   Days   If LESS than	to heve occurred on the date stated above, at 1:30 G.m.
64 7 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, atc.	Youeralised Carcinoma minnon
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc	Primary cordinarra of breast. Quesa.
this occupation (month and spant in this occupation	- Duration: truebre glasse
as BIOTINI ACT (situation) m	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Cachedia
13. NAME Lewis M. Hushberg	Seeman anaenna
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME & EVELCA Follock	23. If death was dua to external causes (VIOLENCE) fili in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or county)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Starry Laures Mil	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, OR REMOVAL	Manner of injury
Balls Male	Nature of Injury
19. UNDERTAKER Longo foarser (Address)	24. Was disaase or injury in any way ralated to occupation of daceased? 20
Mag 21 61 m B	(Signed) / War M.D.
20. FILED (1905), 1905 // Diasheure Registras.	(Address) Lawred In d.

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BUREAU V. 8.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LION

FATHER

MOTHER

13. NAME

18. BURIAL, CREM

19. UNDERTAKER (Address)

14, BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town)\_\_\_\_\_\_ (State or country)

15. MAIDEN NAME

state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(95%)
	Registration Dist. No. 38 Woodland Ont St., death occurred in a hospital or institution, give its NAME instead of street an
Length ot residance in city or town whera daath occurred	ds. How long in U.S. if ot foreign birth?yrs
2. FULL NAME Rose Ellas Bonn	My If U. S. Veteran, specify WAR
(a) Residence: No. 38 Worth Land and (Usual place of abode)	St., Ward.  If nonresident give city or town a
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (pric the word)	21. DATE OF DEATH (Day)
5e. If married, widowed, or divorced Bushand of (or) WIFE of Victor Bigeron Bonney	22. I HEREBY CERTIFY, That i attend
6. DATE OF BIRTH (month, day, and year) May 14 1889	I last saw h alive on, 19
7. AGE Yaars Months Days It LESS than 1 day, 1 hrs. or	to have occurred on the data stated above, atm,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, protession, or particular kind ot work done, as SPINNER, SAWYER, BDDKKEEPER, atc	acute cardiae
SAW MILL, BANK, etc  1D. Date decessed last worked at this occupetion (month and year)  11. Total time (years) spent in this occupetion occupetion	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Valley Things (State or country)	Cara and Car

Hacklette

---m. of importance Date of enset What test confirmed diagnosis?. 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ Where did injury occur? .... (Specify city or town, county and State)
Spacify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE, Mannar ot injury Nature of Injury\_ 24. Was disease or injury In any way related to occupation of deceesed? If so, spacify (Signed). If more blanks are meded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting

istead of street and number)

\_\_yrs.\_\_\_\_mos.\_\_

e city or town and State

That i attended deceased from

(Year)

-WRITE

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Village or City Additional Control of the Control of Institution, eve at NAME instead of steet and number)  Length of residence in city or town where death occurred A. yrs mos. ds. How long in U.S. if of foraign brith? yrs mos. ds. How long in U.S. if of foraign brith? yrs mos. ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ds. How long in U.S. if of foraign brith? yrs mos ward War	1. PLACE OF DEATH	4	93-0	2 -
Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  2. FULL NAME  (a) Residence: No. Callon State  (b) State of State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  5. SINGLE, MARRIED, WINDWED, OR DYDREG (wire the word)  5. If married, widowed, or divorced HUSBAND of GOLD-HE-end  1. If LESS than 1. If LESS than 1. If Jay.  1. If LESS than 1. If Jay.  1. If Jay.  1. If LESS than 1. If Jay.  2. If married, widowed, or divorced HUSBAND of GOLD-HE-end  2. If HE REBY CERTIFY That I altended deceased 19. Gease  19. Gease  10. If Jay.  10. Jay	County Muce	Jeorgia	Registration Dist. No. 🔏	20
2. FULL NAME  (a) Residence: No. College State (Usual place of algost)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OS RACE  5. SINEL, MILL NAME  6. OATE OF BIRTH (month, day, and year)  6. OATE OF BIRTH (month, day, and year)  7. Tade, profession, or particular RER  8. Trade, profession, or particular RER  9. Industry or business in which work was done, as SILK MILL, SAW MILL,	Village or City / Desurya	, 144.		Ward
(a) Residence: No. Cally Seller (Usualplace of abptil)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  5. SINGLE MARRIED, WIDOWED  OR DYNKER (University)  1. SINGLE MARRIED, WIDOWED  OR DYNKER  OR DYNKER  OR DYNKER (University)  1. SINGLE MARRIED, WIDOWED  OR DYNKER  OR DYNKE	Length of residence in city or town where			
(a) Residence: No. Cally Select (Usualplace of abptil)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  OR DITURED (which would)  S. If married, widowed, or divorced (On. MIEE)  (On.	2. FULL NAME & SAAA	1 Worth Bon	If U.S. Veteran specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DUTBRED (winter the word)  1. DATE OF DEATH  2. DATE OF DEATH  (Month)  (Oay)  (Interpretable of Carrier of Carrie	a altai	of Berury D		
3. SEX  4. COLOR OR RACE  OR DYDGED Carrier the world)  Sa. If married, widowed, or divorced HUSBAND of HUSBAN	(b) Modulation Holds	(Usual place of abotic)		and State
OR DUTCHED (write the world)  So. If married, widowed, or divorced (north)  (Day)  (North)  (Day)  (North)  (North)  (Oay)  (Vear)  (Coa)  (North)  (Oay)  (North)  (Oay)  (Vear)  (Coa)  (North)  (Oay)  (Vear)  (North)  (Oay)  (Vear)  (North)  (Oay)  (Vear)  (Coa)  (North)  (Coa)  (				H
5. If married, widowed, or divorced HUSSAND of CACL SIFE	3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DUPORCED (write the word)	21. DATE OF DEATH	6
ACCE F BIRTH (month, day, and year)  5. OATE OF BIRTH (month, day, and year)  6. OATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER.  8. Trade, profession, or particular kind of work done, as SPINNER.  8. Trade, profession, or particular kind of work done, as SPINNER.  8. Trade, profession, or particular kind of work done, as SPINNER.  8. Trade, profession, or particular kind of work done, as SPINNER.  9. Industry or business in which work was done, as SPINNER.  10. Date decessed last worked et this occupation months and year)  10. Date decessed last worked et this occupation months and year.  11. SIRTHPLACE (city or town)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT (Accessed)  18. BURIAL, CRENATION, DR RENATOR  Place T MALL MALL MALL MALL  19. It ast saw h.M.T. alive on the date stated above, at	//.	1 farried	(Month) (Oay)	(Year)
8. Trade Years Months Days II LESS than I day,	HUSBAND of	The second	22. // I HEREBY CERTIFY That Latter	ided deceased from
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:    Comparison of particular	Jary	rances	Wec 19 ,1936, to blee 19	1 19 36
1 day. hrs. or. min.  8. Trade, profession, or particular kind of work done, as SPINNER SAWER, BODKEFPER, atc.  9. Industry or business in which was done as SPINNER SAWER, BODKEFPER, atc.  10. Date deceased last worked at this occupation (month-and year)  10. Date deceased last worked at this occupation work was done, as SPINNER, BODKEFPER, atc.  11. Total time (years) spant in this occupation (month-and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or fown)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, OR RENEWARD  Date  19. UNDERTAKER  (Address)  Address)  10. Date done  11. Total time (years)  Spant in this occupation of daceased?  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of linjury  24. Was disease or injury in any wey related to occupation of daceased?  (Address)  4. Was disease or injury in any wey related to occupation of daceased?  (Address)  19. UNDERTAKER  (Address)  19. On the Ceaptive of Death and related causes of importance were as follows:  12. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of linjury  Nature of linjury  Nature of linjury  24. Was disease or injury in any wey related to occupation of daceased?  (Address)	6. OATE OF BIRTH (month, day, and year)	pt12.1880	I last saw h Mm alive on ble 19, 30, 19	36 ; death is sai
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BDDKKEPER, atc.  9. Industry or business in which work was done as SILK MILL, SAMHEL, BARK, etc.  10. Date deceased last worked et this occupation (month and year)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BIRTHPLACE (city or town)  (Address)  18. BURIAL, CREMATION, DR REMANN  Date  19. UNDERTAKER  (Address)  19. Whose tasks of pack in and leaded dasass of importance were as follows:  12. Where as follows:  12. Continue Place (city or town)  12. Country  19. Undertaken  (Address)  10. Address  10. Address  11. Total tima (years)  11. Total tima (years)  11. Total tima (years)  12. BIRTHPLACE (city or town)  (State or country)  What tast confirmed diagnosis?  23. If death was due to external causes (VIOL ENCE) fill in also the following:  24. Country  Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Nature of In	2		to heve occurred on the date stated above, atm.	
Tade, profession, or particular kind of work done, as SPINNER SAWYER, BDOKKEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BDOKKEPER, atc.  10. Date deceased last worked et house of the second	56 3		The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Data of array
Other Centrolatory Cause of importance:    13. NAME	8. Trade, profassion, or particular kind of work done, as SPINNER	Ptilas	fre f	
Other Centrolatory Cause of importance:    13. NAME	SAWYER, BDDKKEEPER, atc	enry N.6.	yespecky.	12/19/3
Other Centroletry Caster of importance:    13. NAME	work was done, as SILK MILL,	relative		
Other Control of importance:  (State or country)  13. NAME  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION, DR REMANT  Date  (Address)  19. UNDERTAKER  (Address)  (Addres	10. Date deceased last worked et	11. Total tima (years)		
2. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  7. INFORMANT  16. BURNANT  17. INFORMANT  18. BURNANT  19. Date  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. Date  10. Date  11. Date  11. Date  11. Date  12. Date  12. Date  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  26. Country  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  18. Date  18. Date  19. Date  19. Where did Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  19. Was diseasa or injury In any wey ralated to occupation of daceased?  19. Was diseasa or injury In any wey ralated to occupation of daceased?  19. Specify  10. Specify  11. Was diseasa or injury In any wey ralated to occupation of daceased?  10. Specify  11. Was diseasa or injury In any wey ralated to occupation of daceased?  11. Was diseasa or injury In any wey ralated to occupation of daceased?  12. Was diseasa or injury In any wey ralated to occupation of daceased?  18. Date  19. Da		occupation	Other Control of Control	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, DR REMATION  Date  19. UNDERTAKER  (Address)  (Address)  19. UNDERTAKER  (Address)  (Signed)  10. Date  (City or town)  (Address)  (City or town)  (Address)  (Address)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (City or town)  (Address)  (Add	12. BIRTHPLACE (city or town)	hungton So	Try Review Consu	
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (State or country)  18. BURIAL, CREMATIDN, DR REMAYE  18. BURIAL, CREMATIDN, DR REMAYE  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. Augustus (Specify city or town, country and State)  Name of operation  What tast confirmed diagnosis?  Was there an autopsy?  22. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  Where did Injury occurr?  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,  Manner of injury  Natura of Injury  Natura of Injury  19. UNDERTAKER (Address)  24. Was diseasa or injury In any wey ralated to occupation of daceased?  (Signed)  (Signed)	(State or country)	0 N.O.	Chronic Newso cardello Muration Lin	known.
What tast confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or couniry)  Where did Injury occur?  (Specify city or town, country and State)  17. INFORMANT (Address)  18. BURIAL, CREMATION, DR REMOVA  Place TWEET Date  19. UNDERTAKER (Address)  19. UNDERTAKER (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Natura of injury  Natura of injury  19. UNDERTAKER (Address)  19. UNDERTAKER (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Natura of injury  Natura of injury  So, specify  Specify  Specify  Specify  Specify  Natura of injury  Specify  Specify  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify city or town, country and State)  Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, country and State)  Specify city or town, country and State)  Speci	13. NAME Chard Sur	be Bayle	Cust 82	
What tast confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or couniry)  Where did Injury occur?  (Specify city or town, country and State)  17. INFORMANT A Devoting  (Address)  18. BURIAL, CREMATION, DR REMOVER  Place  What tast confirmed diagnosis? Was there an autopsy?  Accident, suicide, or homicide? Date of Injury  Where did Injury occur?  (Specify city or town, country and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  24. Was disease or injury In any wey related to occupation of daceased?  (Signed)  Was there an autopsy?  25. Was there an autopsy?  26. Was disease or injury In any wey related to occupation of daceased?  (Signed)	14. BIRTHPLACE (city or town)	ssk- 3-0	Name of operation Oate	of
Where did Injury occur?  (Specify city or town, county and State)  17. INFORMANT A DESCRIPTION OF REMARKS  (Address)  18. BURIAL, CREMATION, DR REMARKS  Place I West Date Date 19 Natura of Injury  19. UNDERTAKER (Address)	(State of country)	P 11:00	What tast confirmed diagnosis? Was there	an autopsy?
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVED  Place  Place  Place  Where did Injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  24. Was disease or injury In any wey related to occupation of daceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurr?  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of Injury  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  Manner of injury  Natura of Injury  (Address)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Specify city or town, county and State)	15. MAIDEN NAME	faffett	23. If death was due to external causes (VIOLENCE) fill in also the follo	wing:
Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  (Address)  18. BURIAL CREMATION, DR REMOVED  Place  Place  Place  Where did Injury occurred  Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.  Manner of injury  Natura of Injury  19. UNDERTAKER  (Address)  24. Was disease or injury In any wey related to occupation of daceased?  (Address)  Specify whether injury occurred  Manner of injury  Natura of Injury  Specify whether injury occurred  Manner of injury  Natura of Injury  Natura of Injury  (Address)  Specify whether injury occurred  Manner of injury  Natura of Injury  Natura of Injury  Where did Injury occurred  Specify city or town, county and State)	16. BIRTHPLACE (city or town)	186. 9 G	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT 1/2 A CONTROL OF IN PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, DR REMOVED Mustage Control of injury  Place TWEET LEVEL Date 21 19 Natura of Injury  Natura of Injury  19. UNDERTAKER (Address) 9 8 Charless (Addr	(State or country)	5/0.65		State)
18. BURIAL, CREMATION, DR REMARK Place TWest Plan Date 21 , 19 Natura of Injury Natura of Injury Natura of Injury Natura of Injury In any way ralated to occupation of daceased?  (Address) 9,8 6 liveland pre-Arestale, We so, specify (Signed)		. ungerson	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
Place TWest Flem Date 21 19 Natura of Injury  19. UNDERTAKER 11 Chambers 80 24. Was disease or injury In any way related to occupation of daceased?  (Address) 9,8 6 levels of the second of the secon		musto co met		
19. UNDERTAKER 11. Chambers 60 24. Was disease or injury In any wey related to occupation of daceased?  (Address) 9,8 6 leveland give Airestale, Waso, specify  (Signed)	Tank I Soll	Date 2/ 19		
(Address) 9/8 6 areland pre Arestala, Mrso, specify Harles Mand	Nr Vr	El Jus Ba		
Simula Martin Martin Martin		The Chief L.	515	f
	90110 06	1 8 H	(Signed) Market Mank	M
20. FILED DEC 17-, 19 36 Jan D. Marilla Registrar. (Address) Il had by Med	20. FILED 20 - 17-, 19.36	Registrar.	- IN / 1 V - A 7/0 A	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	1
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	JAN 6 1007	July 5,1927	Peritonitis	3 days ago
AL COLUMN TO THE PARTY OF THE P	BUREAU V. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

(If death occurred in a hospital or institution, give its NAME instead of street and number)	STATE OF MARYLAND-	-CERTIFICATE OF DEATH
Village or City Color Office No. 6308 Hour St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)	1. PLACE OF DEATH	(131)
(If death occurred in a hospital or institution, give its NAME instead of street and number)	County Prince george	Registration Dist. No 2:42
	Village or City Coda JAgla	No. 6308 Hower St., Ward
2. FULL NAME Quaga Hattie If U. S. Veteran, specify WAR	2. FULL NAME Diags Hatta	If U. S. Veteran, specify WAR
(a) Residence: No 6 3080 Home St., Ward.	12.01 1116	
(Usual place of abode) If nonresident give city or town and State		If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH		MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (price the word) (Month) (Day) (Yaar)		December 17 1936
5e. If marriad, widowad, or divorced	5e. If marriad, widowad, or divorced	(month) (bay) (laal)
HUSBAND of Cor) WIFE of Cor)	(or) WIFE of 8 Drig and 11	22.   HEREBY CERTIFY, That i attended deceased from
101 9 18(1)	101 918/1	190 10 to to 191 31
b. DATE OF BIRTH (HIGHLIN, day, and yaar)		
7. AGE Years Months Days If LESS than to have occurred on the data stated above, at		
Ormin. warepes follows:		wareyas follows:
8. Trada, profassion, or particular kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc. 193	o kind of work done, as SPINNER, Heresaurh	Sielskaiti 1933
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and a spant in this	9. Industry or business in which	- Jan Marie
work was dona, es SILK MILL, SAW MILL, BANK, etc.	work was dona, as SILK MILL, SAW MILL, BANK, etc	
year) Other Coatributory Causes of Importance:	year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)		
(State or country)		
13. NAME . O	13. NAME	
14. BIRTHPLACE (city or town) 2. Data of	14. BIRTHPLACE (city or town).4	Name of operation
(Stata or country) What test confirmed diagnosis Washington an autopsy?	(Stata or country)	What test confirmed diagnosis Washington an autopsy?
15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) fill in also the following:		23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Date of injury		Accident, suicide, or homicide Date of injury
(Stete or country)  Whera did injury occur?  (Specify city or town, county and State)	(Stete or country)	
Specify whether injury occurred in TADUSTRY, in HOME, or in PUBLIC PLACE.	Amandelwood, Sculy (built	Specify whether injury occurred in ANDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 640 / Cramer St. 1. C.		
18. BURIAL, CREMATION, OR REMOVAL  Place Washington, Dete 1918 1918 Nature of Injury  Nature of Injury		
	100000000000000000000000000000000000000	
19. UNDERTAKER W Corrue T My 24. Was disease or injury in any way related to occupation of deceased?	13. UNDERTARER	
(Address) 432 gru 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(Address) 4 ) L Tu   A M W	
20. FILED DAR 17, 1936 John Ducas M. Registrar. (Address) 812-44 85 4.5.	20. FILED/ DRE 17 1936 John Dreath	G. 9 11 11 04 1 C 93+0
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 6 1937	July 5, 1927	Peritonitis	3 days ago	
1	HIMEAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

DDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(93-6)
county of rince george	Registration Dist. No. 242
Village or City Cedan Hatta	death occurred in a nospital or institution, give its NAME instead of street and number)
/ A C	death occurred management institution, give its IVANIE instead of street and number)
2. FULL NAME / Drown, Dan	If U. S. Veteran, specify WAR
(a) Residence: Dodge Well of Land	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. GOLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH  (Month) (Dey) 4, 193 6  (Year)
5a. If married, widowed, or divorced UNSBAND of Q	22. I HEREBY CERTIFY, That I attended deceased from
0	30,19 36,10 19
6. DATE OF BIRTH (month, day, and year) ( Unknown	l last saw h alive on 19 %; death is said
7. AGE Years Months Days If LESS then 1 day,	The PRINCIPAL CAUSE OF DIAD and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Date of onest
9. Industry or business in which work was done, as SILK MILLUS SAW MILL, BANK, etc.	corone occlusion 44
SAW MILL, BANK, etc  10. Date deceased last warked at this occupation (month and ) . 36 spent in this occupation (country and ) . 36 spent in this occupation.	Che myo carditis 4 yrs
12. BIRTHPLACE (city or town) Knopfwill (State or country)	Dther Contributory Causes of Importance:
13, NAME	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Que of South And (Address) C & da h	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place bounty of one Date Dec 14 , 1936	Neture of injury
19. UNDERTAKER PUTCHIU Byas	24. Was disease or injury In any way related to occupation of deceased?
(Address) Cuffer Marlhoro ma	If so, specify I markall acting comes
20. FILED WW. 14, 1936 es ace Dow	(Signed) 1100 M.D. (Address) 212 - 44 M.D. (Address) 212 - 44 M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	N_11 _ 11 ]	
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

b. Every item of infor-

7. PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified. E

AGE should be

supplied.

mation should be carefully

N. B.-WRITE PLAINLY, WI

CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATT
County Cinux Danais	Registration Dist. No. 230
Village or City Bullstall (II	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Byon	
(a) Residence: No. Sultanty (Usual place of abode)	St., Ward,  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Wraham Brown	22. I HEREBY CERTIFY. That I attended deceased from 19.86
6. DATE OF BIRTH (month, day, and year) May 11,1862	I last saw h & eliva on Sec. 7 , 1986; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 11 P. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Chromis Conocurles - Pate of onget
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked et this occupation (month and	
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) - Roman	Other Contributory Causes of importance:
(State or country)	
13. NAME Army Jones	
13. NAME Of THE THE THE STATE OF THE STATE O	Neme of operation
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Saggy White  16. BIRTHPLACE (city or town) Lundenson	23. If death was due to external causes (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) fundamen	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT AND SALES OF THE	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL PIECE Date De Date De 22, 1986	Menner of injury
Date Date Date Date 1900	ristule of injury
19. UNDERVANCES IN COLUMN GO FICE	24. Was disease or injury in any way releted to occupation of deceased?
(Address) Laure My	If so, specify
20. FILED Ded -21-, 1936 Trus danselle Registrar.	(Signed) M.D. (Address) Record M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage • JAN 6 1937	July 5,1927	Peritonitis	3 days ago
W MINE AND V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1)	item of infor-	should state	of OCCUPA-	
•	RECORD. Every	Y. PHYSICIANS	Exact statement	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	certificate
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TON is your important See instructions on hack of certificate
	WRITE PLAINLY,	ation should be car	AUSE OF DEATH	TON is work imports

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County France Teorges	Registration Dist. No. 2 3/
	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in cily or town where death occurredyrsmo	sds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Jessie Marie 130	rgess
(a) Residence: No. (Usual place of abode)	St., Ward.  If unnresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR DIVORCED ("registe the word)  Service the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from /2 - /2 - 36, 19, to /2 - /2 - 51, 19
6. DATE OF BIRTH (month, day, and year) Masch 29, 1884	I last saw h alive on
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 2.23 A.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at 11, Total time (yeers)	Aunte Cardiar
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Dilatution
10. Date decessed lest worked at this occupation (month and year)  11. Total time (yeers) spant in this occupation 25%	- 2.
12. BIRTHPLACE (city or town) Washing fin De (State or country)	Other Contributory Causes of Importance;
	Name of operation Date of
14. BIRTHPLACE (city or town).	What test confirmed diagnosis?
E 15. MAIDEN NAME Les Test	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME TO LEAST TO THE STATE OF COUNTY OF COUNT	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Be a truce & Cockrell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Washington Dete 12-15, 1931	Manner of injury
19. UNDERTAKER FRANCE W. Loman (Address) 14004, -3 Styn wh	24. Was disease or injury to any way related to occupation of deceased?  If so, specify I Well to the felling former
20, FILED perce 12, 1986 Heliu Stack	(Signed) for ly: final M. 1  (Address) (att days City MM)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not, gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 5 027	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of-importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			POLICIAL PARTY	

V. S. No. 1

STATE OF	MARYL	AND-CE	RTIFICATE	OF	DEATH
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3 3 3 (11)

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3)
county frange belonge	Registration Dist. No. 2-5-2
Village or City Upper Marilfono (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME I hillip Burley	If U. S. Veteran, specify WAR
(a) Residence: No. Upper Marlos (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of Saura Burley	22. My I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) MARGE Years Months Deys If LESS than	I last saw h ML alive on Dar 10, 1936; death is said to have occurred on the date stated above, at 12:30 Am
Tushing I day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Chronic Heart Present
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	
this occupation (month and year)	Other Contributory Causes of importance:
(State or country) Anna Crun der Co	Chronic Mahritis.
13. NAME 4.1	Duration 1 two years. Cutso.
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation. None Date of
(State of Country)	What test confirmed diagnosis? Nove Wes there an autopsy? He
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
17. INFORMANT Estiffe Amith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL PROPSEL MASLEVOLO-MADATE 1936	Menner of injury Name
19. UNDERTAKE Patelie Brothers	24. Was disease or injury in any way related to occupation of deceased? The
20. FILED Dec 24, 186 Barrow Junto	(Signed) James Barrer M. D. (Address) Marthur
Acestral.	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example 1		Example 11		
The principal cause of death and rela of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage JAN 3	1931 July 5,1	27 Peritonitis	3 days ago	
BUREAU	V. S.			
Other contributory causes of important	nce:	Other contributory causes of importance:		
Gallstones	May 1,1	23 Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Z

	County County	Truce Hear	Registration Dist. No.	
	Village or City Hallel	ic neu.	NoSt.,  f death occurred in a hospital or institution, give its NAME instead of street and r	wanber)
	Length of residence in city or town wha	are death occurredyrs,mos	ds. How long in U. S. if of foreign birth?yrsmc	os
2. I	FULL NAME GEORY	e Lee Cauter	If U. S. Veteran, specify WAR	
	(a) Residence: No. Beach	muy Dr. 74 #/	St. Ward.	
		(Sual place of abode)	If nonresident give city or town and	State
	PERSONAL AND STATIS		MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, W10 OWED, OR DIVORCED (write the word)	21. DATE OF DEATH	6
	M W	marriel	(Month) (Day)	(Year
5e. If r	merriad, widowed, or divorced		22. I HEREBY CERTIFY, That A attended	dereseed
(0	or) WIFE of Martha	Taylar	not attended	
C DAT	TE OF BIRTH (month, day, end year)	Ad- 26 18/7	l lest saw h alive on 19	
7. AGE		Oays If LESS than	to heve occurred on the dete stated above, atAm,	, -, -, -, -, -, -, -, -, -, -, -, -, -,
	67 11	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
_   8	3. Trade, profession, or particular		were es follows:	Oatsofo
TION	kind of work done, as SPINNER, . SAWYER, BOOKKEEPER, etc	Farmer	a Hazite Carlin	
PAT	9. Industry or business in which	+1.	Sailur	12/12
OCCUPA	work was dona, as SILK MILL, SAW MILL, BANK, etc	as none	-	
0 10	D. Date deceased last worked at this occupation (month and	2 10 11. Total tima (years) spent in this		
	year)	occupation occupation	Other Coutributory Causes of importance:	
12. BII	RTHPLACE (city or town)	dyrelle 32 f	Leneral arleris	
~	(Stata or country)	o Than	- relevaning	unde
	3. NAME Lossu	. Nanles	Fracture Left tenur	193
FATH 14	I. BIRTHPLACE (city or town)	7,1	Neme of operation Date of	
	(State or country)	i The	What test confirmed diagnosis?	utopsy?
크	5. MAIDEN NAME Inful	egra Farrell	23. If death was due to external causes (VIOL ENCE) fill in eiso the foliowing	<b>;</b>
	6. BIRTHPLACE (city or town)	Bal	Accident, suicide, or homicide? Date of injury	, 19
	(State or country)	Pari	Whera dld injury occur? (Specify city or town, county and Stat	(e)
17. IN	FORMANT Story (Address) Participal	' Lanler	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BU	RIAL, CREMATION, OR REMOVAL	1 0 4	Manner of injury	
	Place Thermus //	" Date 16.29, 1930	Natura of Injury	
19. UN	OERTAKED Pitchel By	others, a	24. Was diseasa or injury in any way related to occupation of deceased?	10
	(Address) Theher Zna	elloso, Mdl.	If so, specify Thos W. Highly C	ies -
-			(Signed) Faul & Van Vallo	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ,IAN 5 1937	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. D.	July 5,1927	Peritonitis	3 days ago	
The second secon				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor-	state	UPA-	
Jo u	pino	000	
iter	sh	Jo	1
Every	CIANS	ement	
RD.	YSI	stat	
RECS	. PH	Exact	
H UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may be properly classified. Exact statement of OCCUPA-	
PE	d E	erly	cate
IS A	state	prop	certifi
HIS	be	pe	Jo
T-7	plnoi	may	back
N	S	1	on
DNG	AGE	that	ions
UNFADI	pplied.	terms, so	See instructions on back of certificate.
1	su	in 1	See

STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARKIEMAD	CERTIFICATE OF DEATH 10000
1. PLACE OF DEATH	(K, 2)
County Mul Georges	Registration Dist. No. 245
Village or City Callege Park	No. 1/0 - Calvert St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	iersow.
(a) Residence: No. //O-Calvert St (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Willowell	21. DATE OF DEATH  Seculou 26 (193)  (Year)
5a. If married, widowed, or divorced HUSBAND of	(month) (Day) (Teal)
(or) WIFE of Charles Caskerson.	22. I HEREBY CERTIFY, That I attanded daceased from
6. DATE OF RIRTH (month, day and year) MARI 10 - 18.39	
6. DATE OF BIRTH (month, day, and year) 1/UV 10 - 1839. 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at //:30A.m.
97 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	servery no setual disease, Physician hader 1932
6 kind of work done, as SPINNER, Youselings (Ketical)	amined her, finding mothing wrong, geville
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and spent in this securation (month and spent in this securation (month and spent in this securation).	This lady has been will the
SAW MILL, BANK, etc.	Daved Dr. Pouls Jourse Called Pret
O 10. Date deceased last worked at this occupation (month and yaar)	and in House being out a lover
yaar) occupation	Other Coatribatory Causes of Importance:
12. BIRTHPLACE (city or town) Jennsville (Stata or country)	Levas Celled M & province ly
	deat. Seath du & relinal
14. BIRTHPLACE (city or town) A. G. Cotto or country)	Causes no further informations
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What tast confirmad diagnosis? Was there an autop
I The state of the	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
min 1 1 1/200	(Specify city or towa, county and State)
17. INFORMANT / / Colvert St College back Hill	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plac Tennaville M. J. Date Llee 28, 1936	Nature of Injury
19. UNDERTAKER Maral & Japler	24. Was disease or Injury In any way related to occupation of deceased?
(Addiess) 4217- 9 st NW Wash Dl.	if so, specify
20, FILED De 26" 19 36 Que Derre	(Signed) W. ally fillets M.D.
Registrar.	(Address) Blueyn, ald

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE PLAIN

TION is very important.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
3	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

STATE OF I	MARYLA	ND-CERTIFIC	ATE	OF	DEAT	H
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ъ	1	M	6.3	. 5
3.	20	U	U	1.1

1. PLACE OF DEATH	82-av - 1/1
County Comp Song	Registration Dist. No. 7
Village or City Dentity (If	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME Trancis Ignation Con	age If U. S. Veteran, specify WAR
(a) Residence: No. 3401 Campbell Sh	gt., Ward.  If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
hale White OR DIVORCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. A HEREBY CERTIFY, That I attended decreesed from,
(or) WIFE of Margaret downs grage	Oct 28, 1936, to Alle 16, 1936
6. DATE OF BIRTH (month, day, and year) June 8 - 1857	I lest saw h. Luck elive on helle 16 , 19 36; death is seid
7. AGE Years Months Oays If LESS' then 1 day,hrs.	to have occurred on the date stated above, at
79 6 8 1 day, nrs. or min.	were es follows:  Date of onset  12-6-36
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.   Stirred	The state of the s
9. Industry or business in which work was done, as SILK MILL,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oete deceased last worked et this occupation (month and spent In this	
this occupation (month and spent In this occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 13 peterses ml.	Could Contain of the product of the
(State or country)	
13. NAME Offred grage  14. BIRTHPLACE (city or town) France	Neme of operation Date of
14. BIRTHPLACE (city or town) 7 Manual (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME De Naugh	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city or town) alree Lorsanne  (State or country)	Accident, suicide, or homicide? Dete of injury, 19
120	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Nagarit In Wages (Address) 3206 Class and act Nagl	Specify whether injury occurred in the bostki, in nome, or in robelo react.
18. BURIAL, CREMATION, OR REMOVAL Washington DC . 19.0 31	Manner of injury
Place Dete Nic. 19, 19.36	Nature of injury
19. UNDERTAKER F Casche Sons	24. Wes disease or injury in any wey related to occupation of deceased?
(Address) Hyattevelle Ma	(Signed) Wiss H. Wolfor M/D.
20. FILEO	(Address) Mt. Patterly all

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1. PLACE OF DEATH	210-m
county Prince Georges).	Registration Dist. No. 235
Village or City Common Springs For	Centrally St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME James / Dans	If U. S. Veteran, specify WAR
(a) Residence: No. 1 Oxon Will	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / O 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
5 DATE OF BIDTH (month day and year) Ince 15-1915	100-10 31
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 19 4 m
2 / 5 2 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were as follows:  Dete of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Thoch I
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) spent in this year)	
When marlboro	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	automobile accident
& 13. NAME Hurry S. Davis	augusto our accurati
E S. WARE	
14. BIRTHPLACE (city or town)  (State or country)	Nama of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Sillie a. Rudler  16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLERICE) fill In also the following:
2 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida Date of Injury 100, 1936
Control County)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / 02 20 will n. 4.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile accident
Place Clocen - Hill Md Date 7/3 1936	Nature of Injury Angelined Lenner Stock
P.LI. B	
19. UNDERTAKER Of clare of the	24. Was disease or injury In any way related to occupation of deceased?
(Address) When marloos find	If so, specify
20. FILED 710, 1936 1200. I. Affelle.	(Signed) M. D.
Registrar.	(Address) To letinus

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- h	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
and the second second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATE	EMENTS BY PHYSICIAN
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BINDING

MARGIN RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 wcek ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
֡֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

M)	tem of i	plnods	of occu	
•	coach. Every i	PHYSICIANS	act statement	1
BINDING	PERMANENT RE	EXACTLY.	ly classified. Ex	ite.
FOR	IS A I	stated	proper	certifica
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WIAM UNFADING INK—THIS IS A PERMANENT RECOAD. Every item of it	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.—WRIT	mation	CAUSI	TION

1	PLACE OF DEATH		93-8
	County Ruce	Heovard	Registration Dist. No. 25 4
	Village or City Coc	Reek	No. St., Wa
	Length of residence In city or town w		os. How long in U.S. if of foreign birth?yrsmos
2.	FULL NAME Thely	Jeen & Des	e y
	(a) Residence: No.	cokeek ma	St., Ward.
	PERSONAL AND STATE	(Usual place of Shode)  ISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S			21, DATE OF DEATH
	m White	OR DIVORCED (write the word)	(Month) (Day) (Year)
3a. I	f married, widowed or divorced HUSBAND of (or) WIFE of	Q	22. I HEREBY CERTIFY, That I attended deceased fr
	Vorma	nger	
_	ATE OF BIRTH (month, day, and yeer) GE Years Monto	Jeine 30-1866  Days   If LESS than	I last saw h elive on , 19 ; death is s
7. A	GE Years Month	( ) 1 day,hr	THE ENINCIPAL CHOSE OF DEATH and related opposes of Importance
_1	8. Trade, profession, or particular		Ward astollows: Data of one
9	kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc	Merchant	from Heart aldaeld - 1418
CCUPATION	9. Industry or business in which work was done, as SILK MILL,		apparently
	SAW MILL, BANK, etc	11. Total time (years) spent in this	
	this occupation (month and year)	9-3-6 spent in this occupation	Other Contributory Causes of importance:
12.	BIRTHPLACE (city or town)	coffeel	
œ	(State or country)  13. NAME Daysel (	Dance	
FATHER		another	Name of the second seco
FA	14. BIRTHPLACE (city or town) (State or country)	and a	Name of operation
HER	15. MAIDEN NAME COORLE	lia Kreuch	23. If death wes due to external causes (VIOLENCE) fill in also the following:
-	16. BIRTHPLACE (city or town)	acroffeel	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	and '	Where did injury occur? (Specify city or town, county and State)
17.	(Address) acco	Reeds, rud	Specify whether Injury occurred in INDÚSTRY, In HOME, or in PÚBLIC PLACE.
18.	BURIAL, CREMATION, OR REMOVAL	us Dre 20 31	Manner of Injury
_	Place	70/P	Nature of injury
19.	(Address) Wald	Thyon A	24. Was disease or injury in any way related to occupation of deceased?
	02. 20 3/ 2	ha Det A	(Signed Loku & Vorceva M
20.	FILED 1900 10 1900 /	Registrar.	(Address mandywing Mis

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STA	TEMENTS BY	PHYSICIAN
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V. S. No. 1

STATE OF MARY!	AND-CE	RTIFICA	TE !	OF I	DE	ATH
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1	1)	(	12	244
1	6	0	U	6

1. PLACE OF DEATH	/0
County 177 Lo	Registration Dist. No. 235
	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  s
2. FULL NAME Geleus Ursula For	If U. S. Veteran, specify WAR
(a) Residence: No. Jacob (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED,  OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If matried, widowad, or divorcad HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decaesad from Lee 20, 19 36, to Lee 28, 136
6. DATE OF BIRTH (month, day, and year) Puly 30 - 1921  7. AGE Years Months Days If LESS than 1 day,	I last saw h
8 Trade profession or particular	were as follows:  Oate of one of
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (Stata or country)	aceste nephritis
13. NAME Sidney M. Forrer	
13. NAME Schury W. Former  14. BIRTHPLACE (city or town)  (Stata or country)	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Alella Francis Bryant  16. BIRTHPLACE (city or town) 2003  (State or country)	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)  17. INFORMANT - Mrs C. Saus Lyng (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ALMOVAL Place Crooms. Med Data 12-29-, 1936	Manner of injury
19. UNOERTAKER Pitcline Brod (Address) rijsten marlboro med	24. Was disease or injury in any way related to occupation of deceased? List of the second of the se
20. FILED 12-28-, 1936 Thos D. Leffelly Registrar.	(Signed) M.D.  (Address) 7 o estimble by

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	u l		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12808		
1. PLACE OF DEATH	(19)		
County Prince George	Registration Dist. No.		
Village or City Lausel	ND. Lawel Sambanes St, Ward death occurred in a horpital or institution, give its NAME instead of street and number)		
A .	A1. ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME Rudolph Rufus 4166			
(a) Residence: No. 6025 Western Rive. Chery the	all A. C. Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male While 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)		
HUSBAND of Cory WIFE of Charles Merian	22. I HEREBY CERTIFY, That I attended deceased from  Mov. 15, 1935, to Lills 5, 1934.		
5. DATE OF BIRTH (month, day, end year) aug. 10,1957	Hest saw having alive on Alle. 8 ,1936; death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 tom.		
79 3 28 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importanco were as follows:  Date of onset		
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEFPER, etc.	General arterio selvoses		
9. Industry or business in which work was done as SILK MILL Janes	with Chronin Interstituted though		
work was done, as SILK MILL Measury Mept Washing ton 19  10. Date deceased last worked at this occupation (month and 1936)  11. Total time (years) spent in this washing the spent of this occupation (month and 1936).	Mephrilia		
year) occupation Like	Dther Contributory Causes of Importance;		
12. BIRTHPLACE (city or town) ////////////////////////////////////	Cardiae dissumentation 11.24.36		
13. NAME Charles Gibbs	Jun audi Oussing provinces in 11157.35		
14. BIRTHPLACE (city or town) Mains	Name of operation Date of		
(State or country)	What test confirmed diegnosis? Alexa, I Lab, Lists. Wes there an autopsy? Mo.		
15. MAIDEN NAME Rayusta Banga	23. If death was due to external causes (VIOLENCE) fill in also the following:		
16. BIRTHPLACE (city or town) - Maise	Accident, suicide, or homicide?		
(State or country)	Where did injury occur?(Specify city or town, county and State)		
17. INFORMANT Samelassem Kleenell (Address) Langel Sandassem Laurel, Mid	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION FOR REMOVAL Place Las Amingani Dente Dec 8, 136	Manner of injury		
19. UNDERTAKER JOS. GAWLER'S SONS (Address) 1956-Pa. QYE. N.W.	24. Was disease or injury In any way related to occupation of deceased?		
20. FILED Dec 8 , 1936 M. Bysheare	(Signed) John L. Welkerld M. D. M. D. Januel, M. D.		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of spileney 1915 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

# STATE OF MARYLAND-CERTIFICATE OF DEATH

County	1 rince	Teorge	Registration Dist. N	0.
Village or	City Meadou		death occurred in a hospital or institution, give its NAME instead ds. How long in U.S. if of foreign birth?	
	ME Eman	1 0 // .	If U. S. Veteran, specify WAR	
	nce: No.		St., Ward.	
		(Usual place of abode)	If nonresident give city	
3. SEX		TICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
m	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (D	23 ,193 G ay) (Year)
5a. If married, wido HUSBANO of (or) WIFE of	wed, or divorcad	0.0.	22. I HEREBY CERTIFY, The	at I attended deceased from
(0,)	unnie	Silves	may 21, 1936, to Dec	
	(month, day, and year) 7	ek. 12, 1863	i last saw h My alive on_ Dec 22	, 1936; death is said
7. AGE Ya	ars Months	Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at	
/ (	3 10	ormin.	were as follows:	Date of onse
kind of	ession, or particular work dona, as SPINNER, R, BOOKKEEPER, etc	La borer	Chronic Ryseard	elec unlang
9. Industry or	business in which		lo a acute caraca	
SAW MI	as dona, as SILK MILL, LL, BANK, etc		alcompunation	·
this occ	sed last worked at upation (month and 190	F. 11. Total time (years) spent in this 74% occupation 174%		
IZ. BIRTHPLACE (c		etria "	Other Contributory Causes of importance:	
(State or cou	intry)	e, . l	allevan	ruhu
E	and a	train		
	E (city or town)	us our	Name of operation	
I 15. MAIDEN N	AME Unk	moron	23. If death was due to external causes (VIDLENCE) fill in also	
15. MAIDEN N	E (city or town)	iestria	Accidant, suicide, or homicide? Date of I	
(State o	r country)		Where did injury occur?	
17. INFDRMANT (Address)	John.	Sibis	(Specify city or town, or Specify whether injury occurred in INDUSTRY, In HOME, or in the specify whether injury occurred in Specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specify whether injury occurred in INDUSTRY, In HOME, or install the specific which in INDUSTRY, INDUSTRY	ounty and State) in PUBLIC PLACE.
	TION, OR REMOVAL	Mare 1356 36	Manner of injury	
	10.711		Nature of injury	
19. UNDERTAKER (Address)	When may	tops met.	24. Was disease or injury in any way related to occupation of	daceased?
^	24 75 11	7 11	(Signed) Taul C Van	Walto M
20. FILEDALE	(,10)	Registrar	(Address) Bennings	DC ZMV

V. S. No. 1

Every item of infor-

UNFADING INK-THIS IS A PERMANENT RECO

MARGIN RESERVED FOR BINDING

stated EXACTLY.

AGE should be

supplied.

mation should be carefully

B.—WRITE PLAI

CAUSE OF DEATH in plain terms, so that it may be properly classified.

K. PHYSICIANS should state Exact statement of OCCUPA-

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	1915 1921	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
Arteriosclerosis			
Chronic interstitial nephritis IAM 5 1937			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Nol 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	XVIII TO	Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	THE PROPERTY OF	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 5 1936	July 5, 1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				100

ADDITIONAL	SPACE FU	K FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH Serve	259
County Hortgomery Unkna	Registration Dist. No. 223
Village or City Takome Dark and med	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrs,mos	
2. FULL NAME Clarence Gry	fithu. S. Veteran, specify WAR. Thould they!
(a) Residence: No. Israelus Ble (Usual place of abode)	St., Ward. (Market State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Dec. 3/ 1936
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Or Rose . Griffith	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, day, and year)	I lest sew hor take on the class of the control of
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 13 - A.m.
373 41 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date done as worked at this occupation (month and specific property).	17.3
work was done, as SILK MILL, nut /Enous	automore accept the 2
10. Date deceased last worked at this occupation (month and spent in this	Alle gash in track of boads Small cut
this occupation (month and spent in this occupation occupation	on falla Talet deal of bleeding force tool
19 BIDTIDI ACE (aitu as taum)	Dther Contributory Causes of importance: of head. Cuts.
12, BIRTHPLACE (city or town)	
13. NAME Suttur Hailith	
13. NAME  14. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME Mary Elizabethe Stance	,
E	23. If death was due to externel causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Where did Injury occur? asar Source Pares Barges Community
MALA D. 1. 2 - 11: T.	Specify whether Injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFORMANT TOWN CLUST CHIMICAL CRIMICAL	
(Address) Stogely M. C.	- son public place, on State highway, Two norther from hoursel
Place FathevilleMy Dan Lec 25, 136	Manner of injury . Automatila assessments
19 1:00	Nature of injury
19. UNDERTAKER asche ond grand (Address) Syfaflevelle may	24. Was disease or injury in any way related to occupation of deceased?
20, FILED Dec 51, 1936 26 8. Rogers	(Signed) OFFESSUE M. D.
(Registrar.	(Address) Washington Burnlanes
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN 5 1937				
Other contributory causes of importance:		Other contributory causes of importance:		
Gaustones	May 1,1923	Gastroenteritis	1 year	
	1,			

ADDITIONAL SPACE FOI	FURTHER STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI Jo pluods Registration Dist. No. item Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U.S. if of foreign birth?\_\_\_\_\_\_\_mos.\_\_\_\_ds. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from 22. (or) WIFE of 6. DATE OF BIRTH (month, day, end year) properly 7. AGE Months Days If LESS than 1 day ....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. Date of onset 8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc..... OCCUPATIO may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked et 11. Total time (years) this occupation (month and spant in this that year) \_\_\_\_\_ octupation ..... 12. BIRTHPLACE (city or town (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diegnosis? \_\_\_\_\_ Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If deeth was due to external causes (VIDLENCE) fill in also the following: in Accident, suicide, or homicide?. DEATH 16. BIRTHPLACE (city of town) (State or country) Where did injury occur?\_\_\_\_\_2 be (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury CAUSE Neture of Injury LION 24. Was disease or injury in eng/way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example II		Example 1	Ex
cause of death and related causes Date of onset were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: JAN 5 1931	
y 1 week ago	1915		Arteriosclerosis
t car 1 week ago	1921	is BUREAU .	Chronic interstitial nephritis
3 days ago	July 5, 1927		Cerebral hemorrhage
ory causes of importance:		ses of importance:	Other contributory causes
1 year	May 1,1923		Gallstones
cory causes of importance:	May 1,1923	ses of importance:	Other contributory causes  Gallstones

E	ADDITIONAL SPACE	FOR FURTHER S	TATEMENTS BY PHY	SICIAN

V. S. No. 1

STATE	OF	MARYLAND-CER	TIFICATE	OF	DEATH		12813
EATH .	7		2/20	1 4	1. 1.	4	

1. PLACE OF DEATH	
County Orance Levrage	Registration Dist. No. 245
Village or City Hallanella MITHIN CON	No. St., Ward
Length of residence in city or town whera death occurred 12 yrs. 4	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mos, Add ds. How long in U.S. if of foreign birth?
2. FULL NAME Emma Frances 1	tardy If U. S. Veteran, specify WAR
(a) Residence: No. Carrol are - Hyott	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word  Make the word	Wec: 22 - 1936
5a. If married, widowad, or divorced	(Month) (Day) (Yeer)
HUSBAND OF William George Hard	22. I HEREBY CERTIFY. Thet I attanded deceased from 22, 1936.
6. DATE OF BIRTH (month, day, and year) July 17 1855	I lest saw h_ w alive on Lees 22 , 1936; death is said
7. AGE Years Months Days If LESS that	
δω   Δ   σrmin.	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc	ferebras (substice), 12/32
kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this exercisins (month and	
10. Date deceased lest worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) - Trenton	Other Contributary Causes of importance:
(State or country) New Jersey	My o carnets clar,
13. NAME Jonathan attention  14. BIRTHPLACE (city or town) Irenton New Juses	1
14. BIRTHPLACE (city or town) Strendon New Justice (State or country)	Name of operation
15. MAIDEN NAME matilda Devereas	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Matilda Deverau  16. BIRTHPLACE (city or town). Irenton new Jesser	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ethel Nelson (Address) Carrol are Hy attroille	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL shark we.	Menner of injury
* Place Rock Creek Cemeley Data Dec. 24, 19.	Nature of Injury
19. UNDERTAKER Et. Jacker Sous (Addrass) 46 - Mary land My atto wille	24. Was disease or injury in any way raiated to occupation of deceased?
20, FILED Let. 23., 1936 Pro Barre and Registra	(Signed) Maller React M. D.
	trar, 2421 N. Charles Street, Baltimore, Requesting V. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	il	Example II	
The principal cause of death and related eauses of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Combad homomhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RUMPAU V. 3.			
Other contributory causes of importance:		Other contributory causes of importance:	F=1/=14
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF D	EATH /		210-in	24.
County Ora	uce Thory	e		tion Dist. No. 2 3/
			f death occurred in a hospital or institution, give its N. s	
2. FULL NAME	Henry	Cooper Isea	If U. S. Veteran, specify WAR	
(a) Residence: N	0. 1122 8	(Usual place of abode)	St., Ward.	ident give city or town and State
PERSONAL	AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. C	color or race	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH REC.	(Day) , 193 7 6 (Year)
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced		22. THEREBY CERT	IFY. That I attended deceased from
6. DATE OF BIRTH (mont	h, day, and year)	ch 22-1914	last saw h alive on Dec	
7. AGE Years	Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, at	
SAWYER, BOO	lone, as SPINNER, KKEEPER, etc	Hasoline  Land Mach 10C-  29 11. Total time (years)  spent in this 3 years occupation 3 years	Paces to g by  Recently g by  Royal  The Contributory Causes of Importance:	o ariden
(State or country)	eury Tro	Ta:	_	
14. BIRTHPLACE (city (State or count		Ha:	Name of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city (State or coun  17. INFORMANT	best boy	Lorido Gogler.  La:  Cheard:  Land: Dec: 2-, 1936  La Jone  La Jon	23. If death was due to external causes (VIOLENG Accident, suicide, or homloide? Consideration of the suicide o	the Date of injury Oct 1 . , 19 f
20. FILED LOCK 2	1.193.6 14	elen Stack Tocal Registrar.	(Signed) Louis ly  (Address) Cottage	da hug

should state

PHYSICIANS

stated EXACTLY. be properly classified.

AGE should be

supplied.

mation should be carefully

B. WRITE PLAN

CAUSE OF DEATH in plain terms, so that it may

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	JAN 5 1037	1921	Run over by street car .	1 week ago	
Cerebral hemorrhage		July 5,1927	Perilonilis	3 days ago	
	BUREAU Y. S				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

If more blanks are needed address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

MARGIN

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Example I	ii ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
			9
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
ADDITIONAL	DI ZIUI	LOW	L O'KTITIETT	DIVITIMITATIO	DI	THISTOTAM

IS A PERMANENT RE

MARGIN RESERVED FOR BINDING

properly classified.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully

g.	6 1		4	10
г	6	13		6
	-107	-1	A	1.1

1. PLACE OF DEATH	_		(162)	1
County Prince Sevi	gcs		Registration Dist. No. 2 3 /	
	n occurred		No. St., St., death occurred in a hospital or institution, give its NAME instead of street and numerate. How long in U.S. if of Ioralgn birth? yrs. mos.	
2. FULL NAME Julia 7	Hensen	4		
(a) Residence: No.			St., Ward.	
(a) noordones no	(Usual place of a	bode)	If nonresident give city or town and Sta	ite
PERSONAL AND STATISTICA	AL PARTICU	JLARS	MEDICAL CERTIFICATE OF DEATH	
Jamale Negro 5.	SINGLE, MARRIE OR DIVORCED (-	write the word)	21. DATE OF DEATH  December 234  (Month) (Day)	93. 6 (Yeer)
ia. If merried, widowed, or divorced HUSBAND of (or) WIFE of		/	22. I HEREBY CERTIFY, That I ettanded dad	
	2	/		
5. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	- Committee	II LESS than I day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	eath 12 201
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.		VIIIIII	nate as follows.	ate of onse
work was done, es SILK MILL, SAW MILL, BANK, etc	11. Total tima spent i	(yaars) n this tion	Maturel Causes old age:  Mo further information, cutso.  Other Contributory Causes of importance:	
(State or country)		***********	Mor dactor una salled, in consultation	•
13. NAME  14. BIRTHPLACE (city or town)  (State or country)			Name of operation Data of What test confirmed diagnosis? Was there en auto	
15. MAIDEN NAME Unkno	nin		23. Il daath was dua to axternal causas (VIOLENCE) fill in also tha following:	psyr
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)			Accident, suicide, or homicide? Date of Injury  Where did injury occur?	_, 19
17. INFORMANT James Rees (Address) Bladenspor	( mo	1	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION, OR REMOVAL Place Bladensburg, md	Deta 12-	26,1936	Manner of Injury	
19. UNDERTAKER J. Las cho So (Address) Hypattarille	nd.		24. Was disease or injury In any wey related to occupation of deceased?	
20. FILED hele 26, 1936 Xel	en Star	Registrar.	(Signed) John J'arnter act leune	of me

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis JAN 5 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	100
Gallstones	May 1,1923	Gastroenteritis	1 year

N. S. No. 1  N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is your important. See instructions on back of certificate.	
WITH UNFADING INK—THIS IS A PERMANENT fully supplied. AGE should be stated EXACTLY a plain terms, so that it may be properly classified.	
RVED FOR THIS IS A puld be state nay be prop	men or ores
JIN RESE ADING INK d. AGE sho s, so that it i	Tacking on F
WITH UNF- efully supplie in plain term	the occurrence
—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PER mation should be carefully supplied. AGE should be stated ENCAUSE OF DEATH in plain terms, so that it may be properly carefully is very important. See instructions on back of certificate.	tery turbor c
N. B.—WRITE PLAINLY mation should be es	TION IS

V. S. No. 1

		RYLAND-	CERTIFICATE	OF DEATH	2817
1	. PLACE OF DEATH	ountr.	(91-0)		E
	County Prince George's C			Registration Dist. No. 72 3	
	Village or City Bladensburg Ma		No.	St.,	Ward
	Length of residence in city or town where death occurred.			of foreign birth?	
i Po	FULL NAME Norman T. Hil		Commence of the commence of		
	Dladonahuma	Maryland	If U. S. Veteran	, specify war	
	(a) Residence. Ho.	lace of abode)	St.,Ward.	If nonresident give city or town an	d State
	PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL C	CERTIFICATE OF DEATH	
	sex 4. COLOR OR RACE S. SINGLE, 1 OR PIVO Sing	MARRIED, WIOOWED, RCED (write the word)	21. DATE OF DEATH	December 24,	6 (Year)
5a.	If married, widowed, or divorced				
	HUSBAND of not Married		Neary	Y CERTIFY, That I attended, 19 ? 6, to Dec 2	4., 1926
6.	DATE OF BIRTH (month, day, and year) Nov /	5 1913	I last saw h alive on		-; death is said
	AGE Years Months Days  3 years	If LESS than 1 day,hrs. ormin.	to have occurred on the date state.  The PRINCIPAL CAUSE OF DEA were as follows:	ted above, at S	Oate of onset
NOL	8. Trade, profession, or particular kind of work done, as SPINNER, Gas st SAWYER, BOOKKEEPER, etc.	ation	a gam	oelic .	
OCCUPATION	9. Industry or business In which work was done, as SILK MILL, attend SAW MILL, BANK, etc	ant	Gard	ocardi to	
00	10. Date deceased last worked at this occupation (month and year)	tal time (years) spent in this occupation	Other Contributory Causes of imp		
12	BIRTHPLACE (city or town) Washington (State or country)	D C.	Sulvey	to bacterial	
ER	13. NAME Henry N. Hill				
FATHI	14. BIRTHPLACE (city or town) Washingt	on D C.		Date of	
0:	15. MAIOEN NAME Mary Norgle			Was there an	
MOTHER	16. BIRTHPLACE (city or town) Washingto			auses (VIOLENCE) fill in also the following	
17.		other)		(Specify city or town, county and St In INDUSTRY, In HOME, or In PUBLIC P	ate) LACE.
18	BURIAL, CREMATION, OR REMOVAL Place Blacking hung med Dale L	0 /	Manner of Injury		
19	UNDERTAKER F. Gasche G. (Address) Blackershie	m Q	If so, specify	way related to occupation of deceased?	
20	FILEDARE 28, 1936 Helen	Stack Registrar.	(Signed) & SM	ottingo City	M.
	If more blanks are need	led, address State Registrar	, 2411 N. Charles Street, Baltimore, 1	Requesting &. S. No. 1.	

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
		1 1 1 1
May 1 1923	Other contributory causes of importance:	Lauren
12492,2000	7	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA. UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B. WRITE PLAINLY, WIT

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12818
1. PLACE OF DEATH	940
County Surel Seosal	Registration Dist. No. 245
Village or City Carry Lon	No. Malla, and st Ward
Length of residence in city or town where death occurred	If death occurred in a hospital of institution, give its NAME instead of street and oumber) isds. How long In U.S. if of foreign birth?
2. FULL NAME PAR Dill Hog	Remarks and the state of the st
(a) Residence: No. Yells ave:	Ch Ward
(Usual place of abode)	St., Ward.  If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the world)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of George Washington Hogan	22. OI HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. 12 aliva on Dec. 24 1530, death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5.2 m.
78   1 day,hrs.	were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Varoular Kykeplensign 130
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Coronary Minontonia 136
work was done, as SILK MILL WAR SAW MILL, BANK, etc.	
10. Date deceased last wayked at this occupation (pront and year)	
12. BIRTHPLACE (city or town)(State or country)	Other Contributory Causes of importance:
13. NAME Edurad Will.	
13. NAME Edward Will  14. BIRTHPLACE (city or town)	Name of operation ADA
(State or country)	What test confirmed diagnosis for Was there an autops with
15. MAIDEN NAME Elmanda Col	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Elmanda Col  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Whera did injury occur?
17. INFORMANT Chester Can and Am Old	(Specify city or town, county and State) Specify whather injury occurred in NDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Suid Place Fark: Mimorial Parpata ble 26/1936	Manner of injury
19. UNDERTAKER F. Gasche Gous (Address) Shratterelle (and	24. Was disease or injury in any way related to occupation of daceased? 100
20. FILED Web. 25, 1936 Mrs. Jas Darene	(Signed) Challet Malin MO
- DEALINE -	2411 N. Charles Street, Bultimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
1 WINE 1 7 . 3			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

for- ate	STATE OF MARYLAND—	CERTIFICATE OF DEATH 12819
in st	1. PLACE OF DEATH	(73)
of	County / June Merges	Registration Dist. No. 734
sho of	Village or City / temleville	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
NS I		ds. How long in U.S. if of foreign birth?yrsmosds.
Evel IAI	2. FULL NAME albert B Hunt	If U.S. Veteran specify WAR
SIC tate	(a) Residence: No. / Huntaville Trul	St., Ward.
HY HY t s	(Usual place of abode)	If nonresident give city or town and State
RECE PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
T R	OR DIVORCED (write the word)	Dec 27, 193 6
T I L	5a. If merried, widowed, or divorced	(Month) (Dey) (Year)
IAN) A C	HUSBAND OF Clara South & Heart	22.   HEREBY CERTIFY, Thet attended deceased from
SRN SX cla	6. DATE OF BIRTH (month, dey, and yeer) GALD- 12. 1858	I lest saw h alive on 19 deeth Is said
PI d 1 erly cate	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 2 Pm.
IS A Pl stated l properly	78 4 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were es follows:
70	8. Trade profession or particular	Fracture of left 3+4 Rul Data of nost
THIS i be y be k of	SAWYER, BOOKKEEPER, etc.	Humhage cerebral edera
ould may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BÄNK, etc.	cont
INK Sh t it		ingoged , to Jaght , with grandson a for
CGE that	yeer) occupation	Other Contributory Causea of Importance:
So so lectic	12. BIRTHPLACE (city or town)	Shock from grifing
NFADING pplied. AGl erms, so tha instructions	(State or country)  (State or country)  (State or country)  (State or country)	Duration: two daysu
UN uppl teri	I IS. NAME / MILLY / FUNS	
y su ain See	14. BIRTHPLACE (city or town) (State or country)  14. BIRTHPLACE (city or town)	Name of operation Date of
File .	15. MAIDEN NAME REAL OF A	What test confirmed diagnosis? Wes there en autopsy?
INLY, W be carefu EATH in important	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? - Hornisda. Date of injury 19 19
ATTI Pool	S (State or country) Whike	Where did injury occur?
	17. INFORMANT TEORGE B/ Hunt	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
PLA hould OF D very	(Address) Aundaville Md.	Home
FE SI	Place Met Olivet Washe Sec 30 1936	Manner of injury assured as a color of the c
mation CAUS TION	2121 00 1. 1	Neture of injury franches Butho Stucky + Hungha
man CA TIC	19. UNDERTAKER W. W. Krambers Carlow Revendance M	24. Was disclose a lifting the by way titled to scrupation of decessed?
m	20. FILED here 30, 1936 Helen Stack	(Signed) Fauges Ho husto M. D.
Z	20, FILED TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	Charles and Holes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis AN 0 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A L. HELLER			

	 - to	
	£	
		-

V. S. No. 1 Ä certificate.

See instructions on back of

of OCCUPA-

	CERTIFICATE OF DEATH	(1)
1. PLACE OF DEATH	7.39	
County Prince Georges	Registration Dist. No. 🛪	
Village or CityLaurel	No. Daniel Arculum St.,  If death occurred in a hospital or institution, give its NAME instead of street and number,	_Ward
	s9 ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Susan & C. James		
(a) Residence: No. 1515 Bolton (Usual place of abode)	St., Ward. Baltimore If nonresident give city or town and State	/
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
female  4. COLOR OR RACE OR DIVORCED (write the word) married	21. DATE OF DEATH December 6 (Month) (Day) (1936	ear
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Arthur B. Jones	22. I HEREBY CERTIFY, Thet I attended decease Nov. 27	ed from
6. DATE OF BIRTH (month, day, and year) Cug 10 1849	I last saw h. 91 aliva on Dec. 6 ,1936; death	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9.25p.m.	
87 3 26 1 day,hrs.	ware as follows:	olonset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc	General Arterio-sclerosis ?	
12. BIRTHPLACE (city or town) Cloung for (State or country)	Dthar Contributory Causes of Importance:	
The state of the s		
13. NAME & yerrester to ushing  14. BIRTHPLACE (city or town). Abrington  (State or country)	Neme of operation Data of	
(oters of country)	What tast confirmad diagnosis? Was there an au'opsy	?
15. MAIDEN NAME Maria Maters  16. BIRTHPLACE (city or town). Obting ton (Stete or country).	23. If death was due to externel causes (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?	9
17. INFORMANT V. Marquesite James (Address) Ballon of Ball	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL BOLLO MA Place Data Delo Ma Data Delo Ma	Menner of Injury	
19. UNDERTAKER Herry M. Jenking Somo (Address) In Fulloh Herchard II	24. Was disease or injury in any way ralated to occupation of deceased?	
20. FILENCE 7 ,1936 M. Brasqueaux	(Signed) J. Melma V. Over	M. D.

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Example 1		Example 11	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance;	1
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MIDDLE INITIAL OFDECEASED CHANGED TO 'CY BY VERBAL AUTHORIZATION OF MISS MIV.

JAMES, informant, 12/21/36.

V. S. No. 1 N. B.- of OCCUPA.

STATE OF MARYLAND	CERTIFICATE OF DEATH 12821
1. PLACE OF DEATH	(100)
county Trince Serges	Registration Dist. No. 232
Villadestory Inalboro	NoSt.,Ward
(If Length dy residence in city or town where deeth occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?mosds,
2. FULL NAME Of sworth Jones	Stylf U.S. Veteran specify WAR.
(a) Rosidendo: No. marktost -	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) HIPTORES FOR LEGAL FORMS	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BERTH (month, day, end year) Sales of 1888	I last saw hisac alive on 25 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7 20 mm/m
48 9 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were es follows:
kind of work done as SPINNER.	<i>A</i> 4
kind of work done, as SPINNER,  SAWYER, BOOKKEEPER, etc.  9. industry or business in which work was done, as SIK MILL,  SAW MILL, BANK, etc.  10. Date decessed last worked at  11. Total time (years)	Cyelitis
SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and spent in this	Primacy Jause of the pyclitis: Underson
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Danatt Co.  (State or country)	Cities Conditionary Causes of Hillportaines.
13. NAME Clengil ones	
13. NAME Rengil over	Name of operation Dete of
(State of couply)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mollie, molden	23. if death wes due to external causes (VIOLENCE) filt in eiso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury 19
State or country) Calvert Co	Where did injury occur?
17. INFORMS GOLD Service Jones	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Menner of Injury
Place to face Culture Pate Dec 21 196	Nature of injury
(LB LA)	Ma
19. UNDERTAKER  (Addiess)	24. Was disease or injury in any way related to occupation of deceased?
(MULLESS)	If so, specify (Signed) Welliam It. Thomas M. D.
20. FILED STATE OF THE PROPERTY OF THE PROPERT	(Signed) Williams Al. Who was M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retisement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		1 to some	
Other contributory causes of importance:	Automobile)	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis A. AM	1 year
		1937	

MARGIN RESERVED FOR BINDING

1	69	6	6 8	1)
	4	0	-	~

1. PLACE OF DEATH	(210-m)
County Range George	Registration Dist. No. 230
4	NoSt., Ward noccurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U. S. if of foreign birth?mosds.
2. FULL NAME of lorence of treeler (a) Residence: No. Belleville mid	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Marker	Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of W.M. C. Kaeler 22.	Wis 18 LEBY CERTIFY Thet I attended deceased Light 19 36, to Select 1 1 19 36
6. DATE OF BIRTH (month, day, and year) Mar 30 /8-92 11	ast saw h. W. alive on Allo 18, 1986; death is said
	have occurred on the date stated above, at
	ne PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Tractions Cerrical Vertiliae. Date of preset
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this recursation (mostle and	Fractions Comp tabia's 12/18.
year) occupation	Stock.
12. BIRTHPLACE (city or town) Warren Co. (State or country)	ther Contributory Causes of Importance:  Units and and prut R.R. cost org.
13. NAME George Mac Strosinder  14. BIRTHPLACE (city or town)  (Challe or country)	Talod
14. BIRTHPLACE (city or town) No. 18 Chico No.	ame of operation Date of
(State of Country)	hat test confirmed diagnosis? Was there an autopsy?
T	if death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	scident, suicide, or homicide the Date of Injury 413, 19. 36 here did injury occurs the drive
17. INFORMANT Was Cerel Keeler Si (Address) Bellinele, Md.	(Specify city or town, county and State) secify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
plan water with the part the poly 1950	anner of Injuryature of Injury
15. UNDER AREN	Wes disease or Injury In any wey related to occupetion of deceased?
20. FILEDOSS 19, 19 36 John & Smith	(Signed) Kroujase Ked M. D.

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE .	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

See instructions on back of certificate.

TION is very important.

-WRITE PLAI

Every item of infor-

of OCCUPA.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(13)
County June George	Registration Dist. No. 245
Village or City Hyatlandle	No. Sacred Hurt Ihne St., Ward
Length of rasidence in arty or town where death occurred yrs 5 mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?
1 + 110.	Enoun
(a) Residence: No. Washington De	St. Ward. Washington DE.
(a) Residence. No. What place of abode)	If nonresident vive city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)  wasved	21. DATE OF DEATH  (Month)  (Day)  (Year)
50 If marriad, widowed, or divorced HUSBAND of Charles Kline	22. I HEREBY CERTIFY, That I attended deceased from Queg. 1936, to Dec. 3 1936
6. DATE OF BIRTH (month, day, and year) Way2, 1872	I last saw h. A. alive on Dec. 1 19 36; death is said
7. AGE Years Months Days If LESS then	to have occurred on the date stated abova, at 4 9m.
5 29 1 day,hrs.	The Articlast CAOSE OF DEATH and telated causes of importance
8. Treda, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. / Vousedeekery	Date of one of 1928
S. Hede, profession, or particular to the kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Leland . (State or country)	Other Contributory Causes of importance:  Carolia Manuelan Manal disease 1934
13. NAME Patrick Murray	
13. NAME Valuek Murray  14. BIRTHPLACE (city or town)  (State or country)	Name of operation
	What test confirmed diagnosis?
15. MAIDEN NAME Ellen Gard  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Stete or country)	Where did injury occur?
17. INFORMANT Skales Osspansi Davied Heart Some	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Wash D. C. Date 13 - 3 19 36	Menner of injury
19. UNDERTAKER Desirabley Harlance (Address) 641	24. Was disease or injury in any way-related to occupation of deceased?
20. FILED Dec 3 , 19.34 Mg as Javes	(Signed) Chinas Mattingly M. D.  (Address) 220 TRO about ME
If more blanks are needed, address State Registrar,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEPOPALI V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## STATE OF MARYLAND-CERTIFICATE OF DEATH

	STATE OF MARTERIES	SERVINIONIE OF BEATIN	
	1. PLACE OF DEATH	89:504	
	county Prence Leorges Co.,	Registration Dist. No. 230	
	Village or City Boltsville	NoSt.,	Ward
	7 . / (11)	death occurred in a hospital or institution, give its NAME instead of street and numb  L ds. How long In U.S. if of foreign birth?	
	0.0 0 0 0 L		
	2. FULL NAME (Kichard Bailey Later	very If U. S. Veteran, specify WAR	
	(a) Residence: No. Beltsville	St., Ward.  If nonresident give city or town and State	~~~~~
1	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	c
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
	OR DIVORCED (swrite the word)	Wec 16 - 19	36
	male while married	(Month) (Dey)	(Year)
	5a. If married, widowed, or divorced HUSBAND of A	22. I HEREBY CERTIFY, That I attended dece	eased from
	(or) WIFE of Clara Kobuson Lalimer	mr 19 - ,1907, to Der 12	19.3.
9	6. DATE OF BIRTH (month, day, and yeer) Suly 9-1880	11030 3011 11-1-1-1	eath Is seid
instructions on back of certificate.	7. AGE Years Months Days If LESS than	to have occurred on the date steted above, et 3.32 A.m.	
tif	56 5 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	ate of onset
cer	8 Trade protection or particular 20 A	A. A. A.	3
Jo	kind of work done, as SPINNER, Celectrican	Sport !	m 19-3
ck	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		W 19 3
	DI SAW MILL BANK ate		
no	10. Dete deceased last worked at this occumation (month and 1933   11. Total time (years) spent in this occupation		
Suc	year)	Other Contributory Causes of Importance:	
ctic	12. BIRTHPLACE (city or town)		
tru	(State or country) Yrunch Georges.		
ins	13. NAME Thomas Harris Valumer		
See	14. BIRTHPLACE (city or town)	Name of operation Date of	
	(State of Country) 1/2000	What test confirmed diegnosis? Was there an auto	psy?
important.	15. MAIDEN NAME Virginia Ford Saturner  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
rts	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	_, 19
npo	(State or country) Charles CD-	Where did injury occur?(Specify city or town, county and State)	
	17. INFORMANT Clasa Robinson Latimer	Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE	
very	(Address) Beltsville		
IS I	18. BURIAL, CREMATION, OR REMAYAL Place Beltsvelle M. d. Date DEC 18., 1936	Manner of Injury	
	Place 13 MM M Date Date Date 19 50	Nature of Injury	
TION	19. UNDERTAKER Of. Gascles Sous	24. Was disease or injury In eny way related to occupation ot deceased?	
	(Address) garallevelle Med	If so, specity	
-	20. FILED Dec. 16 , 1936 They, Swith	(Signed) 73 Charles	M. D.
1	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V.S. No. 1 N. B.—WRITE PLAI

V. S. N. B. N. B.

should state

7. PHYSICIANS Exact statement

of OCCUPA-

D. Every item of infor-

IS A PERMANENT RE stated EXACTLY. properly classified. Exa

MARGIN RESERVED FO UNFADING INK—THIS IS

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

FOR BINDING

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

state

of OCCUPA-

Every item of infor-

## STATE OF MARYLAND-CERTIFICATE OF DEATH

County Private George Registration Dist. No.  Village or City Mphor Marlbara, M. No.  (It death occurred in a horpital or institution, give its NAME instead of street and numb.  Length of residence in city or town where death occurred yrs. mos. ds. How long In U.S. If of foreign birth? yrs. mos.  2. FULL NAME William Henry Sattiam If U.S. Veteran, specify WAR  (a) Residence: No. Mphor Marlbara St., Ward.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH	ds.
Length of residence in city or town where death occurred yrs. mos. ds. How long In U.S. If of foreign birth? yrs. mos.  2. FULL NAME William Herry Sattisms If U.S. Veteran, specify WAR  (a) Residence: No. Where Marelbare St., Ward.  (Usual place of abode)  If nonresident give city or town and State	ds.
2. FULL NAME Williams Henry Sattiens If U. S. Veteran, specify WAR  (a) Residence: No. When Manuflace of abode)  St., Ward.  (Usual place of abode)  If nonresident give city or town and State	e 3 6
(a) Residence: No. Upper Mafelbara St., Ward.  (Usual place of abode) If nonresident give city or town and State	3 6
(Usual place of abode) If nonresident give city or town and State	3 6
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Mall Colored Married (Month) (Day)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of alle Sewed Sattisaw 22. IHEREBY CERTIFY. That I ettended decere (or) WIFE of alle Sewed Sattisaw 22. April 13 ,1936, to 10 e 10.	eesed from
6. DATE OF BIRTH (month, day, end year) All 18 18 76 Hast saw have elive on 25e 10, 19 36 de	ath is said
7. AGE Yeers Months Days If LESS then to have occurred on the dete steted above, et #1.30 m.	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:	ate of onset
8. Trede profession or particular A 44 A Alexander	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occumation (month end spent in this	
yeer) . P. 1	
12. BIRTHPLACE (city or town) Charlette Hall Charmely Was (Stets or country)	
- Suranon Low forms	
13. NAME Williams Jalliams  14. BIRTHPLACE (city or town) Chwilsty Hall  Name of operation Novel Date of Management of the Control of the Con	
(Siete of country) What test confirmed diagnosis? was there an autop	psy?_//
15. MAIDEN NAME  15. MAIDEN NAME  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. Maident, suicide, or homicide?  18. Where did injury occur?	
O 16. BIRTHPLACE (city or town) Marketty Law Accident, suicide, or homicide? Dete of Injury	., 19
(Specify city or towo, couoty and State)  17. INFORMANT Plank Prouve Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
(Address) Prowysell met	
18. BURIAL, CREMATION, OR REMOVAL  Place Place Dete 13, 1976  Nature of Injury  Nature of Injury	
19. UNDERTAKER had be that the state of the	U
20. FILED Dec 10, 1936 None political (Signed) frame (Address) Upplant Marlhano	M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   JAN 5 1937	July 5,1927	Peritonitis	3 days ago
MUREAU V. S	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7.11
			EURINI II

ADDITIONAL SPACE FOR FUR	THER STATEMENTS BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.

TION is very important. See instructions on back of certificate.

N. B.—WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12826
	Registration Dist. No. 243  No.D. C-Children's Sanato sum st., Ward death geoured in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Lindsay Dolores  (a) Residence: No. 652 Hillart pl. N. W  (Usual place of abode)	St., Ward.  Washington D. C  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
temale Colored OR DIVORCED (write the word)	Accenter 23 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  December 16 19 36, to December 23 19 36
6. DATE OF BIRTH (month, day, and year) January 27, 1932	I last sew her alive on December 22, 19 36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Data deceased last worked at this occupation (month and year)	Tuberculosis of the Eurogs  Tuberculosis Meningstrs  Date of onset
(State or country)  2 13. NAME Louis Lindsey	
13. NAME Lows Lindsey  14. BIRTHPLACE (city or town) W. Va  (State or country)	Name of operation Date of What test confirmed diagnosis? X-Ray: Laboratory Was there an autopsy? 468.
15. MAIDEN NAME Stace fackson  16. BIRTHPLACE (city or town) D.C.  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
17. INFORMANT + ahrer Louis Lindsey (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAN CREMATION, OR REMOVAL CONTROL OF 36	Manner of Injury
19. UNDERTAKEN / 6 Mest Arvis (Address) / 4 33 Mest Arvis	24. Wes disease or Injury In any wey related to occupation of deceased?
20. FILED Dec 23, 19 3 4 5 Lancista m Registrar.	(Signed) Daniel Leo Finneaue M. D.  (Address) Children San, Slenn Dale my

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related couses Date of onset of importance were as followsof importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH	97
1. PLACE OF DEATH	822	
County & ruce Georges	Registration Dist. No.	3 8
Village or City Selver Till	NoSt.,	Ward
1/2:	f death occurred in a hospital or institution, give its NAME instead of street and num  sds. How long in U.S. if of foreign birth?yrsmos  If U.S. Veteran, specify WAR	
(a) Residence: No. Laue:	St. Ward.	
(Usual place of abode)	if nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE North White Sold of the food  OR DIVORCED (write the food)  OR DIVORCED (write the food)	21. DATE OF DEATH  (Month)  (Dey)	193 6 (Yeer)
Se. If merried, widowed, or divorced HUSBAND of (or) WIFE of Mary a. Lusby.	22. I HEREBY CERTIFY. That I ettended dec Dec 26 1936, to Dec 28	ceased from
6. DATE OF BIRTH (month, day, end year) 7 - 3 - 1857.	I last saw h was elive on Dec 2 7 , 1936;	deeth is sald
7. AGE Years Months Deys If LESS than 1 dey,hrs. orhrs.	to heve occurred on the dete steted above, at SS — m.  The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows:	
8 Trade profession or particular	Cerebral	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	hemarrhage	
9. Industry or business in which work was done, as SILK MILL Watchurau	with paralyin left	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL Watchwar.  10. Date deceased last worked et this occupation (month end yeer)  11. Total time (yeers) spent in this occupetion	rikey body	12/26/3
12. BIRTHPLACE (city or town)	Other Cantributory Canses of importance:  The grad at leving cleanus	achun
(State or country)  13. NAME Frank Lusby	Otiles media	unkum
14. BIRTHPLACE (city or town)	Neme of operation Date of	
(State or country)	Whet test confirmed diagnosis? Wes there en euto	opsy? Za.
15. MAIDEN NAME	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
16 RIPTHPI ACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State or country)	Where did injury occur?	
17. INFORMANT Jaa Li. Hamley.  (Address) Washington De	(Specify city or town, county and State) Specify whether injury occurred in industry, in Home, or in Public Placi	E.
18. BURIAL, CREMATION OR REMOVAL  Place St. Barnabas Date 12/30, 1934.	Manner of injury	
19. UNDERTAKE Thomas F. Murayo Son.	24. Wes disease or injury in any way releted to occupetion of deceased?	0
20. FILED 12/29, 1360 Ley V Free an. Registrar.	(Signed) Tarel & Car Malt (Address) Burning D.C. H.	0 M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. 26. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH 12828. state item of infor-OCCUPA-1. PLACE OF DEATH should Village or City Colmons Length of residence in city or town where death occurred 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced HUSBAND of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Days If LESS than 1 day, \_\_\_\_\_ hrs. or .... min. 8. Trede, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... back 10. Data deceasad last worked et 11. Total time (yaars) spent in this on this occupation (month and occupation. year) \_\_\_\_\_ See instructions 12. BIRTHPLACE (city or town (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) mation should be carefully MOTHER very important. 15. MAIOEN NAME AUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country) (Address) 18. BURIAL, CREMATION, OR REMOVAL TION is 19. UNOERTAKER (Address) B ż

If more blanks are needed, addres State Registrat,

		Registration	Dist. No.	15
		ution, give its NAN	St.,St.,St.,	
0 1	If U. S. Veteran,	specify WAR	**********	
St.,	Ward.		nt give city or town a	nd State
	MEDICAL C		E OF DEATH	nd oraic
21. DATE	OF DEATH	7 4 -	11	,
10-	ρ	(Month)	(Oay)	(Year)
i last saw h	1 HEREB	DEC		d deceesed from 19 3 6
	AL CAUSE OF DEA			,
		/ / / /		Oate of onset
Chr	me Lute	estitud?	replutes	71626 1931
Other Centrib	utory Causes of Imp	oortance:	itis	A/201
Name of opera	ntion	none	Dete of	724
		arinalys	Was there a	
23. If death was Accident, suic	s due to external ca	uses (VIOL ENCE)	fill in also the follow  Date of injury  or town, county and S  OME, or In PUBLIC	ing: ,19
Manner of inj				
If so, spacify (Signed)	Robert	F B B	ipation of deceased?	no , Do M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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h h	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
100	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July5,1927	1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

9

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 12829
1. PLACE OF DEATH	neva .
County Prince Jeorge	Registration Dist. No. 245
Village or City Reverdale	1249 (11 dela 210
	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrs
2. FULL NAME amelia Nagel	
(a) Residence: No. 13 42 Taylor Dave (Sual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIO OWED, OR DIVORCED (write the word)  Whether	21. DATE OF DEATH  Jec. 17  193 6
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO OF (or) WIFE of Senty Many	22. I HEREBY CERTIFY That I attended deceased from
ages -	Dec 13 h. 1936, 10 Dec. 17, 1936
6. DATE OF BIRTH (month, dey, and year) June 27-1857	1 last saw h_ LL alive on Doc. 17 19 5; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 11.450.m.
79 5 20 1 day,hrs.	were as follows.
8. Trade, profession, or particular kind of work done, as SPINNER,	Chronic infocushtis
SAWYER, BOOKKEEPER, etc. as Exome	nov.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1936
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year) occupation occupation	
occupation	Other Contributary Causes of importance / - / / /
12. BIRTHPLACE (city or town) (State or country)	Suricular fibril atron
	Dan't
H 13. NAME M SLLCT	Rebilly
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Carl Magel (Address) Reverdale med	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR DEMOVAL	Menner of Injury
Place TI Dissective M Oate N46:21-1936	Nature of injury
10 HMOSPIANS	
19. UNOERTAKER TO GALLIE COMMON (Address)	24. Was disease or Injury In any way related to occupation of deceased?
1000 10" 3 - M	(Signed) Ocar Lavine
20. FILEO N. 19.3 O. 19.3 O. Registrar.	(Address) Det. January, ma.
	(Addiess)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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Example I	li li	Example II	
The principal eause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 7 1937	July 5,1927	Peritonitis	3 days ago
i v pivs.			
Other contributory causes of importance:	1	Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1283()
1. PLACE OF DEATH O	(31)
county Trince Learge s	Registration Dist. No. 245
Village or City Hyattsville	No Sacred Heart Home St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Glorge Molan	11.0. + 00
(a) Residence: No. Sacrus Heart Home (Usual place of abode)	St., Ward. Warden give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Widower	Dec 10, 193 6
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
(or) WIFE of Elizahett Koch Volon	22   HEREBY CERTIFY, That I ettended deceased from
0 25 18/4	May 34, 1936, to Dec. 10, 1936
6. DATE OF BIRTH (month, day, and year) Qua 25, 1860	I last saw h Attalive on 19.36; death is said
7. AGE Years Months Deys If LESS than I day,hrs.	to have occurred on the date stated abova, at/m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
101	were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc	Chamic Sill Amar
9. Industry or business In which	Jul Bartes Jul 186
work was dona, as SILK MILL, Jool Moom Tro, Sruter	
10. Date deceased last worked at this occupation (month and July 1937) spent in this occupation.	
March Land	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	Of the office of
II 13. NAME Volan	- Unitaris services
14. BIRTHPLACE (city or town)	Name of operation.
[State or country]	What test confirmed diagnosis? Desertion Was there an autopsy? Me
15. MAIDEN NAME Margaret Mc Laughlin	23. If death was due to axternal causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Charles Wolan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Addrass) 174 Wland Jenance M. E. Work he	6.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of Injury
Place Washington Allo Date Nec. 11, 1936	Nature of injury
19. UNDERTAKER & Mancis Callins 1 11	24. Wes diseasa or injury In any way raiated to occupation of deceased?
(Address) 13614-144 J. m Wost. P.C.	If so, spacify
20. FILED Dec. 11", 1936 Mrs. Jao. Devere	(Signad) Some Clayotul M. D.
helety Lagran	(Address) 1927 Drothe upitoly).
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

If more blanks de needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	į	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. 9. J. Comet

TION is very important. See instructions on back of certificate.

1. PLACE OF DEATH  County Jume Islange.  Registration Dist. No. 2 4 9  Village or City Leaguital Heights May  Length of residence In city or town where deeth occurred 1.4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. 2.3.2 Burna a. St., ward.  (b) Susuiplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  A COLOR OR RACE  OR DIVORCED (write the word)  For Jume 1 day. hrs. or min.  So. J. HEREBY CERTIFY That I attended decased from 1 day. hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:  Data of onest.  Data of
Village or City Leafsital Heights My  Village or City Leafsital Heights My  Length of residence In city or town where deeth occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. 232 Bayman Gr.  (b) sual place of abode.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  The REBY CERTIFY That I attended dacassed from 1 day. hrs. or min.  1 last saw h. alive on 1 day and yaar) August 1 last saw h. alive on 1 day and yaar 1 day. hrs. or min.  Date of meat and number)  No. 232 Bayman Ar.  St., Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Worth)  (Day)  (Year)  1 last saw h. alive on 1 day and yaar 2 day 2 day 3 death is seld to have occurred on the date stated abova, at 1 day. The PRINCIPAL CAUSE OF OEATH and related causas of importance ware as follows:  Date of meat  Date of meat
(If death occurred in a hospital or institution give its NAME instead of street and number)  Length of residence In city or town where deeth occurred . L. L. yrs
Length of residence In city or town where deeth occurred 1 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.  2. FULL NAME  (a) Residence: No. 232 Buyman Cut.  (b) sual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  OR DIVORCED (write the word)  O(or) WIFE of Sumul G. Plan.  6. DATE OF BIRTH (month, day, and yaar) Aug. 29 - 1877.  7. AGE  Years  Months  Oays  If LESS than 1 day, hrs. or min.  Data of oneat  Data of oneat  Data of oneat
(a) Residence: No. 232 Buyman Core St., Ward.  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  HU3BANO of (or) WIFE of Samuel G. Pech.  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  HU3BANO of (or) WIFE of Samuel G. Pech.  6. DATE OF BIRTH (month, day, and yaar) Aug. 29 - 1877.  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  22.  I HEREBY CERTIFY That I attended dacassed from 1930, to 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated above, at 1934. death is seld to have occurred on the date stated abo
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word) HUJBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and yaar)  7. AGE  Years  MEDICAL CERTIFICATE OF DEATH  (Month)  (Day)  (Year)  21. DATE OF DEATH  (Month)  (Day)  (Year)  22.  I HEREBY CERTIFY, That I attended dacassed from 1930, to 1930
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Sa. If marriad, widowed, or divorced HUJBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than 1 day,hrs. Ormin.  P. Fride accretion of activities  Data of eneat
The principal of the word of t
5a. If marriad, widowed, or divorced HU3BANO of (or) WIFE of Samuel C. Pech.  22. I HEREBY CERTIFY. That I attended dacased from 1930, to 1936  6. DATE OF BIRTH (month, day, and year) Quy. 29 - 1877.  7. AGE Years Months Oays If LESS than 1 day, hrs. 0
6. DATE OF BIRTH (month, day, and year) Aug. 29 - 1877.  7. AGE  Years  Months  Oays  If LESS than 1 day,hrs. orhrs. or
7. AGE Years Months Oays If LESS than I day,
Ware as follows:  Data of ensat
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, atc.  9. Industry or businass In which work was done, as SILK MILL, SAWK atc.
9. Industry or businass In which work was done, as SILK MILL, SAW MILL BANK, atc.
10. Date deceased last worked at this occupation (month end year) 11. Total time (yeers) spent in this occupation occupation
12. BIRTHPLACE (city or town) Wash. (State or country)
13. NAME Daniel Kledy  14. BIRTHPLACE (city or town)  (State or country)  Name of operation  Oate of
What test confirmed diagnosis? Was that an autopsy? Its MAIDEN NAME Kathernel Conrolly . 23. If death was due to externel causes (VIOLENCE) fill in elso tha following:
15. MAIDEN NAME Katherine Connolly . 23. If death was due to externel causes (VIOLENCE) fill in elso tha following:  Accident, suicide, or homicide?
Where did injury occur?
(Specify city or town, county and State)  17. INFORMANT Samul E. Pech . Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)
18. BURIAL, CREMATION, OR REMOVAL Date Wile 9- 19 36 Nature of injury
19. UNOERTAKER 7. 4. Costulto . 24. Was disease or Injury in any way related to occupation of decaased? Los
20. FILED LOW. 1, 1934 3 nace; Llow (Signed) (Signed)
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1,	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	S days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1
	111091,1000	dues conto ato	1 year

N. B.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12832
1. PLACE OF DEATH	- WATUB
County Lines Deorges	Registration Dist. No. 2HS
Village or City / Destwood	No. St., Ward
Length of residence in city er town where death occurredmo	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foralgn birth?
2. FULL NAME Caroana Hamie	an namade
(a) Residence: No. 108 17 Woole Slassell (Usual place of abode)	St., LSL Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month) (Day) , 193 6  (Year)
(or) WIFE of Peter Randall	22 I HEREBY CERTIFY. That I attended deceased from 1936, to Dec. 21, 1936
6. DATE OF BIRTH (month, day, and year) Dec. 12, 1876	I last saw her alive on Dec 21 , 1936; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6.230 p.m.
60 0 1 d 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER, Angelselbeeter	Intercostal Meuralgia Dic. 12-2-36
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, Our home SAW MILL, BANK, etc  10. Date deceased lest worked et 11. Total time (years)	Menes aditis acute 12-21-3
10. Date deceased lest worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Arandle Co. (State or country)	Other Contributary Conses of importance:  Olivorian Sporthilis  7-143
13. NAME (LIEU JOHNSON  14. BIRTHPLACE (city or town) Andle Cog.	
14. BIRTHPLACE (city or town) Thursdle Co.	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Elizabeth Forusar	23. If death was due to external causes (VIOLENCE) fill in also the fellowing:
15. MAIDEN NAME Elizabeth frauler  16. BIRTHPLACE (city or town) Sussandle Cd  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mrs Martha Wallace (Address) 110 Highlands and M. Brantwoo	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR BENOVAL	Manner of injury
Place Hackington De Date Dec 28, 1936	- Nature of injury
9. UNDERTAKER F. Garcles Gone (Addiess) Physicalle m d ()	24. Was disease or injury in any way related to occupation of deceased?
20. FILEOURE 23 1936 Mrs. 30 March	(Signed) M. D. Spelle M. D. (Address) 108 P. Laws, Brentwood)
If more blanks are needed, address State Registrar	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilensy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gastroenteritis Gallstones 1 year

ADDITIONAL.	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
	DI ZIUE	LAIN	L OTCHILL	D K Z K A JUNEAU A K D	DI	T THE POTOTORY

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
county Previous gences	Registration Dist. No. 2 30
Village or City May Branchroll, Md	Np. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whera death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Jacey Hoope Junes	tract IT U. S. Veteran, specify WAR
(a) Residence: No. Charlotte N.C.	St., Ward. 9/2 U. Davidem All If nonresident give city or town and State
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write ye word)	(Month) (Dey) (Yeer)
5a. If merriod, widowed, or divorced HUSBAND of (or) WIFE of MAN # Hose Ost	22. I HEREBY CERTIFY, Thet I attended deceasad from
myans , and	, 19, 19, 19
6. DATE OF BIRTH (month, day, and yeer)	I last saw h; deeth is seid
7. AGE Yeers Months Deys If LESS than 1 day,hrs.	to have occurred on the date state though, atm.  The PRINCIPAL CAUSE OF DEATH and refeted causes of Importance
50 years - Or min.	were as follows:
8. Trade-profession, or particular kind of work done, as SPINNER, House SAWYER, BDOKKEPER, etc.	Malwal Causes No Cuts
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed lest worked et this occupation (month end spent in this	Decembed had been stead several hours, behow
10. Date decessed lest worked et this occupation (month end spent in this occupation coupetion occupetion	- physician sout hims. No. frestber information.
wilmington	Other Contributory Canses of importance:  Thurse Class Man Bol
12. BIRTHPLACE (city or town) (Stete or country)	R. R. brechs about Brunebrulle
13. NAME James Riventalk	and
13. NAME James Kerenbalk  14. BIRTHPLACE (city or town) M. Carolina  (State or country)	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autops
15. MAIDEN NAME	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT talsey Hooke Grenback (Address) Washington Il	Specify whethar Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL 1228 124 11	Menner of injury
Place Evergella Cimella vote, 19.	Nature of injury
19. UNDERTAKER & Kasch Some	24. Was diseese or injury in any way related to occupation of diceased?
(Address) Ny atterille ma	If so, specify 4.5. Thelles of seeing Coroner
20. FILED DIE 17_, 1936 John Smith	(Signed) U. Colley Suffell, Crown Phymony

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work donc. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JAN 6 1957	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 12834
1. PLACE OF DEATH	(13()
, County Prince Llorge DEATE	Registration Dist. No. 245
Village or City Soyetteville STHINGORFORATE	No. R. J. Que . St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 25 yrs	ds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Q. Mac. Rosen	If U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH DEC (Month) (Dev) (Year)
Sa. If merried, widowed, or divorced	(month) (boy) (leat)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) November 24. 1858	I last saw here elive on alect 99 , 1986; death is sale
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at / Dm.
78 1 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profassion, or particuler kind of work done, as SPINNER,	Date of officer
SAWYER, BOOKKEEPER, etc	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	Chumi myvisidolis
10. Date decaesed last worked at 1f. Totel tima (years)	" negencler
this occupation (month and spent in this occupation	
so Gin Tilpit AGE (silver Asses)	Other Contributory Causes of Importance:
(State or country)	
13. NAME James Nebt Rogers	
13. NAME James Helt Rogers  14. BIRTHPLACE (city or town)	Neme of operation Date of
(Slata or country) M.C.	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Coquelia . Starris	23. If death was dua to external causes (VIOLENCE) filf in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Whare did Injury occur?
17. INFORMANT James St. Ragers (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of Injury
Place Frakuigion N.C. Date Wice 87, 1996	Neture of injury
19. UNDERTAKER T. Stareles Source (Address) Mantismelle, med	24. Was diseasa or injury in any way related to occupation of daceased? NU
20. FILED LOCK S. 1936 Mrs. Jas. Dever	(Signad) June M.
If more blanks or needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 7 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
ENTINES WITH THE PROPERTY.			

MARGIN RESERVED FOR BINDING

1	PLACE OF DEATH	(3)
	County Truce Tuonge	Registration Dist. No. 4 00
	77	No. St., Walf death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos
2	FULL NAME Charles & Rows	If U. S. Veteran, specify WAR
	(a) Residence: No. Snanchville (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. 8	LEX 4. COLOR OR RACE OR DIVORCED (wrige the word)	21. DATE OF DEATH Dec 244 (Year) (Month) (Day) (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of Mary & Rowz,	22. I HEREBY CERTIFY, That I attended deceased from Dru (0 1936 to Dru 24 1936
e 1	DATE OF BIRTH (month, day, and year) Mar 1" 1881	I last saw h in alive on W 22 , 19 %; death is si
_	AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. J. In
	55 /0 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
z	8 Trade profession or particular	Jugocarditis + Hypertrutan 12-10
LION	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	- acuto myocordition Duration : give days
CUPA	9. Industry or business in which work was done, as SILK MILL, Tire fluoring SAW MILL, BANK, etc.	climaxing in soute dilatations Riagon
ပ္ပ	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	
	year)	Other Contributory Causes of Importance:
12.	BIRTHPLACE (city or town) (State or country)	replyibis i Chronic. Duration: at last
E.	13. NAME JUNIER OF ROWE	- 2/2 years
FATHE	14. BIRTHPLACE (city or town)	Name of operation
FA	(State or/country)	What test confirmed diagnosis? Was there an autopsy?
OTHER	15. MAIDEN NAME France Jenkins	23. If death was due to external causes (VIOL ENCE) fill in also the following:
10	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
Σ	(State or country)	Where did Injury Occur? (Specify city or town, county and State)
17.	INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	BURIAL, CREMATION, OR GEMOVAL Place For Am Coln Date 12/28/36	Manner of injury
19	UNDERTAKER 120 Th This & CO	24. Was disease or injury in any way related to occupation of deceased?
	FILED DLO -27- 1936 Jun 8 Smith	(Signed) Shihand I Than

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
140			

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HUXCAL V. S.	- N		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ADDITI	NAL SPACE FOR FURTHER STATEMENTS	S BY PHYSICIAN
	11		
	N. O. S. A. S.		
	**		

# STATE OF MARYLAND—CERTIFICATE OF DEATH

	1. PLACE OF	F DEATH		1417414			
1	County	Princ	e C	leone	ردو	Registration Dist. No. 2-3	
	Village or C	ity lunda	en	mar	Oboro	NoSt	Ward
	Laneth of soci					death occupied in a hospital or institution, give its NAME instead of street and number)	4.
11		dence In city or town	where dea	ith occurren	yrs,mos.	1-1-6-00	0s.
	2. FULL NAI	1	m	~~~	al and	It U.S. Veteran, Specify WAR	
	(a) Residen	ce: No. Luga	fol	(Usual place	of abode)	U St., Ward.  If nonresident give city or town and State	
1	PERSON	AL AND STA	TISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX	4. COLOR OR RA	CE :	S. SINGLE, MAR	RIED, WIDOWED, O (white the word)	21. DATE OF DEATH	,
	male	Calor	ed	OK DIVORCE	Vancetina word)	(Month) (Day) (Yes	ar)
	5a. If married, widow HUSBAND of	ed, or divorcad			0	22. I HEREBY CERTIFY. That I attended deceased	d from
	(or) WIFE of					Alee 13 1936 to Dee 15 19	36
e.	6. DATE OF BIRTH (	month, day, and yea	0 00	er 1	1, 1936	I last saw h alive on	is said
cat	7. AGE Yea		nths	Days	If LESS than	to have occurred on the date stated above, at 3 4 m.	
certificate	,			5	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	
ce	8. Trade, profes	ssion, or particular work dona, as SPINI	FP			Homoshagio disease	011800
jo x	E   SAWYER,	BOOKKEEPER, atc.	·			Thewbon	
back	O. I work was	9. Industry or Dusiness In which work was done, as SILK MILL, SAW MILL, BANK, atc				<i>D</i>	
	O 10. Date dacease	O. Date daceased last worked at this occupation (month and spentin this		me (years)			
su c	year)			occu	pation	Other Centribatory Causes of importance:	
tio	12. BIRTHPLACE (cit		per	hort	roso	Other Country Course of Importance.	
instructions on	(Stata or cour	ntry)	m	de,			
ins	13. NAME	Techa	rd X	Jerst	nen		
See	13. NAME  14. BIRTHPLACE		24 4	0		Name of operation Date of	
	(Stata of	0 1	00.	0	ug	What test confirmed diagnosis? Was there an autopsy	4.
important	15. MAIDEN NAI	ME Cole	<u>u</u>	Chor	valy	23. If death was due to external causes (VIOLENCE) fill in also the following:	
ort	O 16. BIRTHPLACE	(city or town)	7/4	7	AA	Accidant, suicida, or homicide?	*****
imp	4	P	1	1	/	Where did injury occur? (Specify city or town, county and State)	
very	17. INFORMANT(Address)	To ha	200	and the	Dillege	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
ve ve	18. BURIAL, CREMAT	TON OR REMOVAL	, ,	la n		Manner of injury	
Si Z	Placella	appen	ares	Date X	C/6, 1936	Natura of injury	
TION	19. UNDERTAKER(	A then	a X	Jelli	was	24. Was disease or injury in any way related to occupation of daceased?	
H	(Addrass)	Wipe.	ma	slow	MX.	If so, specify	
	20, FILED Dec	111 1936	11	1500	South	(Signad) Ohnes Continued	M. D.
-				Jora	Registrar.	(Address)	All
			If more bl.	anks are needed, a	iddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

V. S. No. 1

stated EXACTLY. PHYSICIANS should state

UNFADING INK-THIS IS A PERMANENT RE

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

-WRITE PLA

MARGIN RESERVED FOR BINDING

D. Every item of infor-

Exact statement of OCCUPA-

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BUREAU V. S.			
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PRINCAU V. S.	18		
The second section of the section of the second section of the section of the second section of the			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100000

# STATE OF MARYLAND-CERTIFICATE OF DEATH

County Village or City Joseph Month No.  Village or City Joseph Month No.  Village or City Joseph Month No.  Length of residence in city or town where death occurred yrs.  Length of residence in city or town where death occurred yrs.  2. FULL NAME  (a) Residence: No.  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DIVORCEO (rumite the word)  OR DIVORCEO (rumite the word)  OCO WHITE OF DEATH  CONTROL  AND THE OF BIRTH (month, day, end year)  A Jay 16 LESS then 16 day, hrs.  OF min.  S. SHYLER BY CERTIFY. That I to the various and silve on plant and releted causes of import were as follows  Were as follows  8. J. Trade, profession, or perticular sind of work done, as SPINNER, SAWYER, BOOKKEEPR, etc.  SAW MILL, BANK, etc.  SAW MILL, BANK, etc.  J. Deta deceased lest worked et list occupation  12. BIRTHPLACE (city or town) Levels of the great of the profession of the company of the company of the population of the profession of the company of the com	mosds
Village or City  Village or City  Length of residance in city or town where death occurred	town and State
2. FULL NAME  (a) Residence: No.	town and State  ATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE Colored OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years  Months  MEDICAL CERTIFICATE OF DE  21. DATE OF DEATH  (Month)  (Oay)  22.  I HEREBY CERTIFY, That I  1 Lest sew h.s. alive on 1 dey, hrs. or min.  8. Jrade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MI	ATH , 193 6
3. SEX  Terrials  4. COLOR OR RACE OR DIVORCED (purite the word)  Sal If married, widowed, or Rivorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months   , 193 6	
Terrale Colored OR DIVORCED (write the word)  5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Colored Col	, 193_ (Yoer)
HUSBANO of (or) WIFE of Charles C. Slewart  6. DATE OF BIRTH (month, day, end year) Open 2 3 /8 65  7. AGE Years Months Days If LESS then 1 dey, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. or min.  8. Arrade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. or min.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. or min.  10. Deta deceased lest worked et this occupation (month end 9 3 4 spent in this occupation) occupation occupation occupation.	
6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  Days  If LESS then  1 dey, hrs. or min.  8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Deta deceased lest worked et this occupation month end  11. Totel time (yeers) spent in this occupation 2 days  Days  I lest sew h 21 alive on 2 28  10 have occurred on the date steted above, et 1.2:2.6 Hrm.  The PRINCIPAL CAUSE OF DEATH and releted causes of imports were es follows  Were es follows  10. Deta deceased lest worked et this occupation month end year)  11. Totel time (yeers) spent in this occupation 2 days  Daysatton 3 two years. Caustall's	
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10. Deta deceased lest worked et this occupation month end 936 spent in this secure to the occupation month end 936 spent in this secure to the occupation occupation occupation occupation.	
occupation / 936 spent in this / 5 4 Duration 3 two years. Gust R.	2. Marc
	19.34
12. BIRTHPLACE (city or town) Source College C	
14. BIRTHPLACE (city or town)  Name of operation  Name of operation	
14. BIRTHPLACE (city or town)	Date of
(State or country) What test confirmed diagnosis? Wes	
16. BIRTHPLACE (city or town) Dete of Injur	
Specify whether Injury occurred in INDUSTRY, In HOME, or In P	y and State) UBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Plece Bahtal Course gete Lee 30, 1936  Nature of Injury  Nature of Injury	
19. UNDERTAKER Tracks South 19. UNDERTAKER 19. UNDE	eased? NO
20. FILED Ded - 28-, 19 3 6 John D Smith (Signed) Harrison C. Bold Registrat. (Address) Full many and the	04M.

MARGIN RESERVED FOR BINDING

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Cerebral hemorrhage JAN 6 1937	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			in the state

stated EXACTLY. PHYSICIANS should state .D. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-UNFADING INK-THIS IS A PERMANENT RE FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.-WRITE PLAINLY, WIT

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	2840
1. PLACE OF DEATH		(210-m)	
County Prince Less	ges	Registration Dist. No. 234	1
Village or City Bellsville	L sud	NoSt.,	Ward
Length of residence in city or town where death or	curredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmo	sds.
2. FULL NAME Mas &	ola. Ataus	react U. S. Veteran, specify WAR	
(a) Residence: No. Washing	eatin hOC	St., Ward.	
(a) Residence. No.	Usu place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Frenale While OR	NGLE, MARRIED, WIDOWED, a DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_6 (Yeer)
. If married, widowed, or divorced HUSBAND of (or) WIFE of	0	22. LI HEREBY CERTIFY That I etymded	deceesed from
DATE OF BIRTH (month, day, end year)	413 1912	I last saw h. M. elive on Ded 18	; death is seld
AGE Years Months	Deys   If LESS than	to have occurred on the date steted ebove, et	
24 7	1 day,hrs.	THE I REITED AL CAUGE OF PERSON AND TOTAL OF THE PERSON OF	
8. Trede, profession, or particular	ormin.	were as 100 bws:	Date of onest
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Home	1	
		Tractured Comps, tibial	
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc		· Cl	
10. Date deceased last worked et this occupetion (month and yeer)	11. Totel time (years) spent in this occupetion	Shock	
9/-		Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town)	A	D. A IT B. crosers new	01
13. NAME Gen-01 - 241	Ele ami de	Branchille Wingland, m Ball	Stad.
1 20	sinous out	Neme of operation	
14. BIRTHPLACE (city or town)  (State or country)	co	What test confirmed diegnosis? Wes there en	autonev?
	129		
16. BIRTHPLACE (city or town)	Va danay	23. If deeth wes due to externel ceuses (VIOLENCE) fill In also the following  Accident, suicide, or homicide? Accident. Dete of Injury 12/1	y , 19 36
(State or country) 7. INFORMANT		Where did Injury occurred (Specify city or town, county and Sta Specify whether Injury occurred In INOUSTRY, In HOME, or In PUBLIC PL	e) ACE.
(Address)	14		
B. BURIAL, CREMATION, JR REMOVAL Va	Alec 20, 36	Menner of Injury	
F Gasche	ons 1	24. Wes disease or injury in eny way related to occupetion of deceased?	-01
O. UNDERTAKER (Address) / Lualle or	the ma	If so, specify Martin Reuse Corners	lyrus
01.01	00 11	(Signed) Parchaele Med	M. D
0. FILED K. e - 19 - 1936 John	Registrar.	(Address)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis IAM 6 1037	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
HELLEAT V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING on back of certificate MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be Soo instructions mation should be carefully supplied. B.—WRITE PLAI

V. S. No. 1

ż

STATE	OF MARYLAND-	CERTIFICATE OF DEATH	041
1. PLACE OF DEATH	0, ,	(3)	3. 7
County Kinel	Teorge 5	Registration Dist. No.	)
Village or City Tiffel	marlboro.	No	Ward
Length of residence in city or fown who	716.4	death occurred in a hospital or institution, give its NAME instead of street and i	
Italy a	and the state of t		***************************************
2. FULL NAME / 1000	Building	If U. S. Veteran, specify WAR	
(a) Residence: No. Pyful	(Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATE	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wright the word)	21. DATE OF DEATH (Dec (Month) (Dey)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. OHEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, end yeer)	Cor- 14-1868	Hast sew have elive on Dec / 1936	2 ; death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date stated above, et 10 Ptm.	3.4
68 1	/ / l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows	101
8. Trade, profession, or perticular	1 - 110/	(ander-pascular	Date of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, et	ustill of the Veal	un al Diseau	
kind of work done, as SPINNER SAWYER, BOOKKEEPER, et Work wes done, es SILK WILL, SAW MILL, BANK, etc.  10. Dete deceesed lest worked at this occupation (month and			
10. Dete deceesed lest worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation		-
12. BIRTHPLACE (city or town)	Marlforo,	Other Contributory Causes of Importance:	2 hrs
	Taylor	Willy of A friend the	
21	Las Sups Choir	Name of operation Date of	
(State or country)	med.	What test confirmed diegnosis? Was there en	autopsy?
I 15. MAIDEN NAME / SUPEC	ca Loveless	23. If death was due to externel ceuses (VIOLENCE) fill in also the following	
15. MAIDEN NAME SUPPLY  16. BIRTHPLACE (city or town) May  (State or country)	her maslboro,	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT SUNGL	Holls md.	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	te) .ACE.
18. BURIAL, CREMATION, OF REMOVAL Place Hyper Production	M/10ete Occ 4 136	Manner of Injury	
19. UNDERTAKER Tilehel (Address) Perfore To	Prosinolo, Indi	24. Was disease or injury in any wey releted to occupation of deceesed?	no
20. FILED DE 3 10 1936 11	Cup fourth Registrar.	(Signed) Plus dy & asoce (Address) in for marth	W M. I
If ,	nore blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	1

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
JAN D				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
•			110 91 4 - 111	

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(Address) \_\_\_\_\_

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Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state Exact statement of OCCUPA-CORD. Every item of infor-UNFADING INK-THIS IS A PERMANENT RE mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED -WRITE PLAINLY, WI V. S. No. 1

m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Prince Pearel	Registration Dist. No. 242
Village or City Farmount Age	> No. 907 Fairmout St. Ward
(li	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. If of foreign birth?
2. FULL NAME Vulliams, VM	faut
(a) Residence: No. 703 Jair would	Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. ŞEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male Vego OR DIVORCED (write the word)	Decamber 1 193 6
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
0-11001	Q9 Q , 10 Q , 19 , 19
6. DATE OF BIRTH (month, day, and year)	1 last saw h dive on 19 , death is said
7. AGE Years Months Days If LESS than I dayhrs.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
or min.	were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	- mo jestation
9. Industry or business in which work was done, as SILK MILL.	Dalivered les midwife
work was done, as SILK MILL, SAW MILL, BANK, etc	Evidently dkad in ultero sere
10. Date deceased last worked at this occupation (month and year) occupation (month and year)	his before birth- Exceristion
The interpolation	Other Contributory, Chuses of importance:
(Slate or country)	of span and beginning
	Al composition for
13. NAME Williams Chas H	morter
13. NAME William Scha A.  14. BIRTHPLACE (city or town) (Stete or country)	Name of operation Date of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Standard Hattie  16. BIRTHPLACE (city or town) Standard Warlborn  (State or county)	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAN Chash	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR NEMOVAL OF A	Manage of Indiana
Platavinal Keight (m Date Dec. 1 97, 1936	Nature of Injury
19. UNDERTAKERLAS. H. Ofilliams (acting)	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Faijnont Keigles Ingl.	If so, specify
20. FILED DRC. 1 al, 19 36 Grace Dours	(Signed Leading Luckney M. D.  (Address) \$12-44 8X 4.87 D
	2411 N. Charles Street, Baltimore, Requesting U. S. N. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		JAN 20 1937	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL	SPACE	FOR	FURTHER	STA	TEMENTS	BX	PHYSICIAN

TION is very important. See instructions on back of certificate.

1. PLACE OF, DEATH	
County Iruca Jearge	Registration Dist. No. 245
Village or City Ityattorille, The	NoSt., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
m. bel f . Milli	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME / WILL SOME	If U.S. Veteran specify WAR
(a) Residence: No. 55 Shiphira St. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DLYPICED (write the word)	llec. 29 ,193 76
5a. If married, widowed, or divorced	(Month) (Oay) (Yaar) , )
(or) WIFE of C. J. Wilson	1 HEREBY CERTIFY, That I attended deceased from
( ) 1 2 1 1802	Duly 1, 1976, to blee. 22, 1976
6. DATE OF BIRTH (month, day, and year) July 31 1093	I last saw han alive on ble c. 28 , 19 7 ; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to heve occurred on the date stated above, et
1 4 + 7 8   ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Whome SAWYER, BOOKKEPER, atc.	Caranana of Bt Brest ?
9. Industry or business in which	Caranana of Ottobuest
work was done, as SILK MILL, houselfle	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	The tastains to Suns -
(State or country)	Stomach - Jung - Sept
13. NAME Sturn Ceurs Vances  14. BIRTHPLACE (city or town)	Bust.
4. BIRTHPLACE (city or town)	Neme of operation Dete of
(State or country)	What test confirmed diegnosis? But of the Was there en autopsy? Was there en autopsy?
15. MAIOEN NAME Mus Jabouration  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to axternel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT S. J. S.	Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	
Place lashington before Nec 30 1936	Manner of injury
Nr No Ct. hear Ba	Nature of Injury
19. UNDERTAKED 1. Chamber of Cham	24. Was disease or injury in any way related to occupation of deceased?
(Mulista) 4/8 Surright up 8, smaller Mg	if so, specify Q - 40 5
20. FILED NEW, 1936 MAD Tag Shavere	(Signed) M. O.
Registrar.	" (Nouress)

If more blanks dre veeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

-WRITE PLA

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Company homographics 1937	1921	Run over by street car	1 week ago
Cereoral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PUREAU V. 3	7)		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	50	(	A	-1
1	6	0	4	4
No.	-	-	de	-

1. PLACE OF DEATH	476
County Since George	Registration Dist. No. 23J
Village or City Bolestville	NoSt., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME dwald S. Hohl	
(a) Residence: No. Folestville	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDDWED, OR DIVORCED (write the word)	21. DATE OF DEATH
have while married	(Month) (Day) (Yeer)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Jarah Tesseu	22. I HEREBY CERTIFY That I attended decessed from
6. DATE OF BIRTH (month, day, and yeer) Dec. 20-186/	I last saw bath alive on 19.76 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6, 20 Am.
74 // 29 1dey,hr	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:
8 Trade profession or particular	Oate of onset
8. Trade profession, or particular kind of work done, as SPINNER eliked smarchines	- Church Janes
kind of work done, as SPINNET SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (myddaet)	
- I this occupation (stop openio)	in the second se
year)	Other Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Ashmyllin (State or county)	
	- arleno gelezano
E CONTRACTOR OF THE PARTY OF TH	- requires
14. BIRTHPLACE (city of town) (State or country)	Neme of operation Dete of 2
15. MAIDEN NAME MAKE OSTANDAM AM AM	What test confirmed diagnosis? Was there an eutopsy?
	Accident, suicide, or homicide? Date of Injury 19
(Stete or country)	Where did Injury occur?
17. INFORMANT his Eather Hohlback	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Fosesbrill, Tours	4
18. BURIAL, CREMINITON, DR BEMOVALO Place Place 19 19	Manner of injury
19.4-11 Bisher	Nature of Injury
19. UNOERTAKED ACHUE TWO MUNICIPALITY (Address) Phone Marshors (Address)	24. Was disease or injury In any way related to occupation of deceased?
20. FILEO 12 - 21- , 1936 Thus. D. Sniffith	(Signed) Thates M.D.
/ Registrar.	(Address) 2/ 6
If more blanks are needed, address State Registra	17, 2411 N. Charles Street, Baltimore, Regulating U.S. No. J. No.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1AN 7 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

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state

plnods

STATE OF MARYLAND—	CERTIFICATE OF DEATH 12845
1. PLACE OF DEATH	
County Prince JEorge WITHIN C	Registration Dist. No. 246
mot D hill	" 39 at Pinale
	death occurred in a hospital or institution, give in NAME instead of street and number)
Length of residence in city or town where death occurred 2 1-yrzmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME GLOTGE Edu: Troody	If U. S. Veteran, specify WAR
(a) Residence: No. 320/1 Perry Sts	St., Ward.
(Soual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORED (prize the word)	21. DATE OF DEATH de 2/
Male Wall Hidrord	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY. That   attended deceased from
(or) WIFE of Sunknown:	Du 20 , 1926, to , 19
6. DATE OF BIRTH (month, day, and year)	I last saw halive on Net_236; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 Mulimit
about 75 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	not ende of any struggle or foul this
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Soul Could by	Malund Caury py Que
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	flecilis flood ma autopsy was
SAW MILL, BANK, etc.	stone , on this man . He officered very feable, being ben
O 10. Date deceased last worked at this occupation (month and year) spent in this occupation coupation	retired from his downment position for several years.
Richard 20	Other Contributory Causes of importance: account of the worn-out gordition.
12. BIRTHPLACE (city or town) (State or country)	Thyaccare ked not attended turn for your
13. NAME	Density No quather soformations
E	Name of operation Date of
14. BIRTHPLACE (city or town)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME SINSENSING	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of Injury19
State or country)	Where did Injury occur?
17. INFORMANT Mrs 12:20 Farrar (Neice)	(Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY in HQME, or 9 PUBLIC PLACE.
(Address) Refumend Va	1 Hughes
18. BURIAL, CREMATION, OR DEMOVAL	Manner of injury follows
Plan Ottereburg Va Date Dec 25, 1936	Nature of Injury Survey
19. MODERTAKER A. Dasche Your	24. Was disease or injury in any way levated to occupation of deceased?
(Address) Physills ville Md	If so, specify
MILLER BUS 6Co. Bolle All A	(Signed) Harry & alley M S MD

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JAN 7 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	
		•			

a re lus	to Sunday Lec. 20
ADDITIONAL SPACE FOR FURTHER STATEMEN	TS BY PHYSICIAN
I aro Called 9 ver to hear help	y in study stee, wo
and sum lains at they lime, when	I wint fruh the wife
day, I could not get a live to h	and on office you open do.
and find him deal is after	ex deg from hom day in
still refined.	

V. S. No. 1

12846

1. PLACE OF DEATH	(105)
County Syrice Terrale	Registration Dist. No. 233
Village or City / aylor	No. St., Ward
Langth of rasidance in eity, or town where death occurradyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?mosds.
2. FULL NAME Pase Marie Your	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
54. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY. That I attended deceased from
(01) HIFE 01	Drz 12 1936, to Dre 12 1936
6. DATE OF BIRTH (month, day, and year) May 5 - 1936	I last saw h les alive on 32 1 2 , 1936; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9m.
/ / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
8. Trede, profession, or particuler / kind of work done, as SPINNER, SAWYER, BOUKKEEPER, etc	26
9. Industry or business in which	1 1 Jos Maux craus
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and yaar) spent in this occupation	
Harry With I	Other Contributory Causes of Importance:
12. Birthplace (city or town)  (Stata or country)	
13. NAME Lee. Q Jones	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME (arrie Harrichs)  16. BIRTHPLACE (city or town) Westwood  (State or country)	23. If death was due to axternal ceusas (VIOL ENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town) Westword	Accident, suicide, or homicide? Data of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT A MANAGE MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Brooks Churchone Nec 21, 1936	Nature of Injury.
19. UNDERTAKER JOE Haysins	24. Wes disease or injury in any way related to occupation of deceased?
(Addrass) naylor, ond	If so, spacify
20. FILED Dec 19, 100 6 ruest W. Darne	(Signed) M. Maye M. I. Www. M. D.
Registrar.	(Address)

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Cerebral hemorrhage	Aly 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance.  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year		

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